THE

Royal Victoria Hospital,

MONTREAL.

THIRD ANNUAL REPORT,

For the Year ending

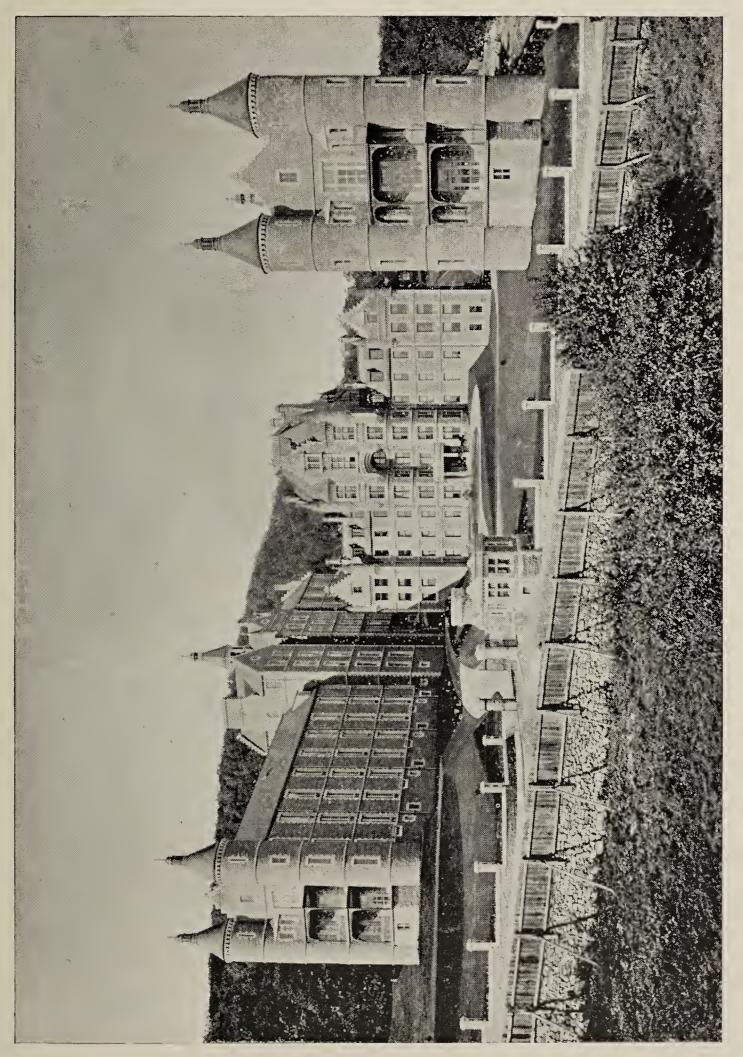
31st DECEMBER, 1896.

Montreal:
Morton, Phillips & Co., Printers.









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THE

Royal Victoria Hospital,

MONTREAL.

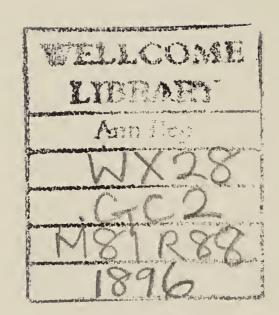
THIRD ANNUAL REPORT,

For the Year ending

31st DECEMBER, 1896.

Montreal:

MORTON, PHILLIPS & Co., PRINTERS.



FOUNDERS AND PATRONS.

THE RIGHT HON. LORD MOUNT STEPHEN.

THE HON. SIR DONALD A. SMITH, G.C.M.G.

GOVERNORS.

Elective.

R. B. ANGUS.

E. S. CLOUSTON.

THOS. DAVIDSON.

THE HON. GEORGE A. DRUMMOND.

A. T. PATERSON.

JAMES ROSS.

THE HON. SIR DONALD A. SMITH, G.C.M.G.

Ex-officio.

MAYOR OF MONTREAL, R. WILSON-SMITH.
President Board of Trade, R. BICKERDIKE.
PRESIDENT BANK OF MONTREAL,
THE HON. SIR DONALD A. SMITH, G.C.M.G.
President Canadian Pacific Railway Company,
SIR WILLIAM C. VAN HORNE, K.C.M.G.
GENERAL MANAGER GRAND TRUNK RAILWAY COMPANY, - C. M. HAYS.
PRINCIPAL MCGILL UNIVERSITY, WM. PETERSON, M.A., LL.D.
DEAN OF THE FACULTY OF MEDICINE, McGILL UNIVERSITY,
R. CRAIK, M.D., LL.D.

OFFICERS.

Disitor.

HIS EXCELLENCY THE RIGHT HONORABLE THE EARL OF ABERDEEN, GOVERNOR GENERAL OF CANADA.

President.

R. B. ANGUS.

House Committee.

R. B. ANGUS, Chairman.

E. S. CLOUSTON.

HON. G. A. DRUMMOND.

A. T. PATERSON.

R. WILSON-SMITH.

Honorary Auditors.

I. G. OGDEN.

G. A. FARMER.

HOUSE OFFICERS.

Secretary and Superintendent. J. J. ROBSON.

Assistant Secretary and Superintendent. W. R. BATES.

House Physicians.

W. J. REILLY, M.D. J. F. ARGUE, M.D.

G. D. ROBINS, B.A., M.D.

R. B. SHAW, M.D.

House Surgeons.

H. S. SHAW, M.D.

E. W. ARCHIBALD, B.A., M.D.

W. A. FEADER, M.D.

F. B. CARRON, M.D.

House Ophthalmologist.
D. P. ANDERSON, B.A., M.D.

House Gynacologist. L. HOGG, B.A., M.D.

Lady Superintendent of Aurses.
MISS ANNIE MURRAY.

Apothecary.
W. W. WOOTTEN.

Housekeeper.
MISS AGNES MURRAY.

Clerk.
II. E. WEBSTER.

MEDICAL BOARD.

R. CRAIK, M.D., LL.D., Chairman.

T. G. RODDICK, M.D.

J. G. ADAMI, M.A., M.D.

W. GARDNER, M.D.

A. W. GARDNER, M.D.

C. F. MARTIN, B.A., M.D.

JAMES STEWART, M.D.
JAMES BELL, M.D.
F. BULLER, M.D.

W. F. HAMILTON, M.D.

A. E. GARROW, M.D.

Consulting Staff.

R. CRAIK, M.D., LL.D., *Physician*. T. G. RODDICK, M.D., *Surgeon*.

Physician.

JAMES STEWART, M.D.

Surgeon.

JAMES BELL, M.D.

Ophthalmologist and Otologist.

F. BULLER, M.D.

Gynacologist.

W. GARDNER, M.D.

Pathologist.

J. G. ADAMI, M.D.

Assistant Physicians.

W. F. HAMILTON, M.D.

C. F. MARTIN, M.D.

Assistant Surgeon. A. E. GARROW, M.D. Assistant Gynacologist. A. W. GARDNER, M.D.

Bentist.

E. B. IBBOTSON, D.D.S., L.D.S.

Clinical Assistant in Ophthalmology. G. H. MATHEWSON, B.A., M.D.

Report of Annual Meeting.

Extract from the Minutes of the Annual Meeting of the Governors of the Royal Victoria Hospital, held on the 22nd January, 1897.

The President stated that Lord Mount Stephen and Sir Donald A. Smith, G.C.M.G., the liberal Founders of the Hospital, in July last placed in the hands of E. S. Clouston, John Turnbull, J. W. Sterling and R. B. Angus, President, as Trustees for the account of the Hospital, securities of a present market value of \$1,000,000. This magnificent donation was made for the purpose of creating a permanent Endowment Fund, the revenue of which should be enjoyed by the Institution. At the suggestion of the Founders, the unexpended balance of their original gift, estimated with accrued interest at \$270,000, and represented by the bonds of the Sault Ste. Marie Bridge Co., was likewise transferred to these Trustees, to be held on the same conditions, namely, that only the net income thereof and of any subsequent investments representing the same should be used for the current expenses required in the maintenance of the Hospital.

The Foundation Fund therefore now consists of the securities above referred to, namely:

After all outstanding claims have been paid he estimated that there will remain a further sum of at least \$30,000 which has been derived from other sources, and is unappropriated. The total revenue from capital may therefore be considered as \$55,000, while to maintain the Hospital on its present scale of operations it would appear that an additional income of \$8,000 to \$10,000 annually must be provided.

The Governors hoped that this comparatively small sum might be obtained by means of voluntary contributions from the public, which, owing perhaps to misapprehension as to its financial position, had given the Hospital but little pecuniary support.

DEED OF GIFT.

This Indenture made the twenty-eighth day of July, one thousand eight hundred and ninety-six, Between The Honorable Sir Donald Alexander Smith, of Montreal, Canada, G.C.M.G., at present High Commissioner in Great Britain for the Dominion of Canada, party of the first part, and Edward Seabourn Clouston and John Turnbull, of the City of Montreal, Canada, John William Sterling, of the City, County and State of New York, and Richard Bladworth

Angus, of the said City of Montreal, now the President of the Royal Victoria Hospital, of Montreal, Canada, a Corporation created by an Act of the Parliament of the Dominion of Canada (50-51 Victoria, Chapter 125), on June twenty-third, one thousand eight hundred and eighty-seven, parties to the second part (hereinafter called "the Trustees"), Witnesseth:

FIRST: The party of the first part hereby assigns, transfers, sets over, and delivers to the parties of the second part and their successors four thousand shares of the par value of one hundred dollars each of the Preferred Capital Stock of the Great Northern Railway Company (a Corporation organized and existing under the laws of the late Territory and present State of Minnesota, United States of America), IN TRUST to apply the net income thereof and of the investments from time to time representing the same for ever TO THE USE of the said Royal Victoria Hospital for the current expenses required in the maintenance of the said Hospital—it being the intention of these presents that the Capital thereof shall constitute a perpetual endowment fund, and that the income thereof shall be alone resorted to.

SECOND: The parties of the second part acknowledge the receipt of the said Shares of Stock and agree to hold the same and its proceeds as a Trust Fund for the benefit of the said Royal Victoria Hospital as aforesaid.

Third: The Trustees shall have full power and authority in their discretion to hold and retain the said Stock or any portion thereof as an investment for the said Trust Fund so long as it may seem advisable to them so to do. They shall also have full power and authority to sell the said Stock at such times in such amounts and for such consideration as may to them seem advisable, and to invest and reinvest the proceeds in such amounts as they may deem proper in real estate within the Dominion of Canada or elsewhere, or in Bonds or Debentures of Companies organized within the said Dominion or elsewhere, and in such manner generally as may in their absolute and uncontrolled discretion seem advisable, even though such investments may not be of the character authorized by law, and the Trustees are to be wholly exempt from personal liability by reason of any error of judgment in making any such investments. So long as any of the said Preferred Stock of the Great Northern Railway Company is held as part of the

said Trust Fund hereunder, all Stock dividends thereon, all subscription rights or the proceeds thereof, and all cash dividends (in excess of the regular annual rate) which may be declared by the said Company as representing the surplus earnings of previous years, shall be considered by the Trustees as Capital, and shall be added to the Principal of the said Trust Fund.

FOURTH: The Securities constituting the said Trust Fund shall be deposited in the vaults of some Safe Deposit Company in the United States of America or in the said Dominion, or in some other secure place to be selected by the Trustees. No Trustee hereunder shall be in any manner whatever responsible for the safe custody of such securities, nor for any property except what he has himself received and holds, nor for the default or misconduct of his Co-Trustees, nor for any default whatever in respect to the Trust hereby created except his own fraud or wilful misconduct.

FIFTH: All powers and discretion hereby conferred upon the Trustees may be exercised by a majority of them.

Sixth: Any Trustee acting hereunder may resign at any time. In case any vacancy occurs in the number of Trustees, it shall forthwith be filled by the survivors, and in case such survivors should fail to fill such vacancy within sixty days after it occurs, it shall be filled by the Board of Governors of the said Royal Victoria Hospital. The President for the time being of the said Hospital shall by virtue of his office be one of the Trustees hereunder, and upon his ceasing to be such President he shall also cease to be a Trustee hereunder. Any of the successors of the party of the second part in this Trust shall have all the rights, powers, discretion, privileges and advantages conferred upon the Trustees by this instrument.

SEVENTH: The word "Trustees" wherever used in this instrument shall apply to the persons who may for the time being be the parties of the second part hereto and their successors.

EIGHTH: PROVIDED ALWAYS and these presents are upon the condition that if at any time hereafter the number of the Governors of the said Royal Victoria Hospital shall be increased beyond the present number, the President thereof shall thereupon cease to be a Trustee of these presents, and the said four thousand shares and the investments

for the time being representing the same shall thenceforward be held by the Trustees hereof upon and for such charitable trusts and purposes other than any trust or purpose for the benefit of the said Hospital as the Trustees for the time being of these presents or the majority of them shall determine.

It was resolved that

"The Board of Governors unanimously and gratefully accept the gift, pledging themselves to observe the conditions and restrictions of the deeds conveying the same, one of which is above set out, and to use their utmost endeavor to administer the Hospital in the spirit and with the high aims of the Founders, so as to extend the usefulness of the Institution as a public charity, and maintain its reputation."

Superintendent's Report.

To the Governors of the

Royal Victoria Hospital:

GENTLEMEN,

I have the honor to submit herewith the third Annual Report of the Royal Victoria Hospital, for the year 1896.

During the year there have been admitted into the hospital 2,016 patients, of whom 912 were adult males, 908 adult females, and 196 children under the age of 12 years.

There were 1,059 Protestants, 897 Roman Catholics, 50 Jews, and 10 of other faiths; 1,396 free patients, 361 public patients paying fifty cents per day, and 259 private patients.

There were in the Hospital, on the 1st January, 1896, 141 patients, and during the year there have been discharged 2,050, of whom 1,022 were cured, 703 improved, 96 unimproved, 114 not treated, 115 died, and 107 remained.

Of the 115 deaths, 21 took place within 48 hours of admission.

The death rate for the year has been 5.6 per cent., or, if those dying within 48 hours after admission be deducted, 4.58 per cent.

The total number of patients' days was 61,142. The highest number of patients in the hospital on any one day was 185, on the 27th August, and the lowest

was 174, in March and May, and the lowest 153, in December, the daily average for the year being 167.

The average number of days in hospital per patient was 29.87; the Medical being 26.8, the Surgical 30.8, the Gynæcological 26.1, and the Eye and Ear 28 per patient.

There have been 22,727 consultations at the Out-Patient Department during the year: 10,199 Medical, 7,079 Surgical, 3,713 Eye and Ear, and 1,736 Diseases of Women. The highest number of consultations in one day being 137.

The expenses for the year were \$83,675.49, and the ordinary receipts \$44,898.49, the revenues from the enlarged endowment fund having only been enjoyed for one quarter; but to provide for the balance of these expenses, and all expenditures for construction, equipment and maintenance to date, a sufficient amount was, by request of the Founders, reserved and set apart from their original donation.

The total cost per day per patient has been \$1.34; the cost per day of maintaining each person in the hospital, employees and patients, being 81 cents, and the daily cost for each person of the provisions, 22 cents.

There has been a large increase in the number of private patients treated during the past year, and on several occasions the private wards were in such demand that more of them could have been utilized had they been available. A falling off has taken place in the amount received from public pay patients, this being due in a great measure to the close supervision exercised in the admission of patients to the public wards, in order that the benefits thereof may be restricted to the really poor and needy.

Changes in the Resident Staff have been caused by the expiration of the term of service of Drs. A. A. Robertson, A. G. Nicholls, A. R. Colvin, F. M. Fry, and G. S. MacCarthy, and the appointment of Drs. G. D. Robins, J. T. Argue, R. B. Shaw, E. W. Archibald, F. B. Caron and L. Hogg; and by Dr. D. P. Anderson having resigned his position of House Surgeon to take that of House Ophthalmologist.

Miss Annie Murray has been appointed to the position of Lady Superintendent, rendered vacant by the resignation of Miss E. A. Draper.

It has been my pleasing duty to convey the thanks of the Governors to the ladies and gentlemen mentioned in the accompanying list of donations for the monies and presents received from them since last report.

I append herewith statements showing in detail the work which has been accomplished by the various departments during the year.

Respectfully submitted,

JOHN J. ROBSON,

Secretary and Superintendent.

22nd January, 1897.

Special Gifts

RECEIVED DURING THE YEAR.

Books, Magazines, Etc.

F		Dooms, 1	THOMBIN	13, 13.
Books,	Magazines and	l Illustrated P	apers fro	m Angus, Mrs. R. B.
	"	"		Bacon, Mrs. J.
	"	"		Bannister, Mr.
	"	"		Bell, Mrs. J. H.
	"	"		Birks, Mr. Hy.
	"	"		Brown, Mr. Wm. Foster
	"	"		Brush, Mr. Geo.
	"	"		Cummings, Mrs.
	"	"		Esdaile, Mrs. R.
	<i>"</i>	"		Gault, Mrs. A. F.
	<i>"</i>	"		Gault, Mr. P. G.
	"	"		Hague, Mrs.
	//	"		Hastings, Mr.
	"	"		Hooper, Mrs. Geo.
	"	"		Law, Mrs.
	"	"		Lilly, Mrs. E. A.
	<i>"</i>	"		Lindsay, Mrs.
	"	"		Macmaster, Mr. Donald
	<i>"</i>	"		Meredith, Mrs. Chas.
	<i>"</i>	"		Meredith, Mrs. H. V.
	"	"		Miller, Mrs.
	"	"		Moir, Mr. J.
	//	"		Murray, Mr. Norman
	//	"		McEachran, Mrs. Chas.
	"	"		McIntyre, Mrs. D.
	"	"		Nash, Miss Ella
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	"		Ogilvie, Mrs. W. W.
	"	"		Osgood, Miss
	"	"		Paterson, Mr. Alex.
	"	"		Paterson, Mrs. R. McD.
	//	"		Paul, Mr.
	"	"		Robertson, Mr. J. A.
	"	"		Roddick, Dr. T. G.
	<i>''</i>	"		Richardson, Mrs. B.
	<i>"</i>	"		Shaw, Mrs. C. T.
	"	"		Simms, Mrs. H.

BOOKS, MAGAZINES, ETC.—Con.

Books, Magazines	and	Illustrated	Papers	from	Simmons, Mrs. J.
<i>''</i>			"		Small, Mrs. E. A.
"			"		Sternberg, Miss
"			"		Stearns, Mrs. H. E.
//			"		Strathy, LtCol.
"			"		Walklate, Mrs.
"			<i>''</i>		Wallace, Mrs. A.
"			<i>''</i>		Wonham, Mrs. W. R.

NEWSPAPERS.

6 copies Montreal Daily Witness,	from the	publishers
ı copy Montreal Gazette	"	″
I copy Montreal Morning Herald,	"	"
Oddfellows' Gazette	"	"
6 copies of Our Home Monthly,	"	"

MEDICAL JOURNALS.

Canada Lancet,	from the	publishers,	Toronto
Canadian Practicioner	"	"	"
La Clinique,	"	″	Montreal
Canada Medical Record	"	″	″
Montreal Medical Journ	al, "	"	"
L'Union Médicale,	"	"	"
Pediatrics,	"	//	New York
Therapeutic Gazette,	"	"	Detroit.

Toys.

Toys from Clouston, Mrs. E. S.

- " Giblen, Miss G.
- " Michaels, Miss
- " Shaw, Miss C.
- " Zion Sunday School

FLOWERS.

Flowers from American Presbyterian Sunday School

- " Bennett, Mr. Joseph
- Bilby, Miss
- " Campbell, Mrs. Colin
- " Christian Endeavour Society, Knox Church
- " Cumming, Mrs.
- " A Friend
- " Grant, Mrs.
- " Hulbig, Mrs.
- " Meeks, Miss
- " Moylan, Miss
- " Murphy, Miss

FLOWERS.—Con.

Flowers from McIntyre, Mrs. D.

- " Montreal Flower Mission
- " Nelson, Mrs., Westmount
- " Rogers, Mrs.
- " Samuel, Miss R.
- " Scholars La General
- " Simms, Mrs. H.
- " Smith, Sir Donald A.
- " St. John's Sunday School
- " Sutton Sunday School
- " Trinity Church Sunday School

PLANTS.

Turnbull, Miss L.

FRUIT.

Apples, Mrs. McIntyre

"Penniston Bros.

Grapes and Apples, Mrs. Law

Vegetables, Mr. Harrison

MISCELLANEOUS.

Lined Metal Splint	.Ackerman, Mr. J. P.
Books for Nurses	
Clothing	. Angus, Mr. R. B.
I Pair Crutches	.Black, Mr. G. H.
I Large Aquarium	.Buller, Dr. F.
Invalid Chair	
Two Dollars for Children	.Cassels, Mrs. Robt.
40 Santa Claus Stockings	.Clouston, Mrs. E. S.
Engravings, Framed	.Coulson, Mr. S.
2 Tables	.Esdaile, Mrs. R.
Invalid Chair	.Fry, Dr. H.
Two Dollars for Children	
I Large Salmon	. Hooper, Mr. A. W.
Engraving, Framed	. Hicks, M. & Co.
Ten Dollars for Children	. Meredith, Mr. F. E.
Five Dollars for Children	. Meredith, Mrs. J. S.
Framed Pictures for Children's Ward	.Ogilvie, Mr. W. W.
Reading Desk	.Renaud, King & Paterson
16 Dressed Dolls and \$10 for Children's Ward.	.Ross, Mrs. Jas.
Books for Nurses' Library	.Roddick, Dr. T. G.
Five Dollars for Children	. Shaughnessy, Mrs.
Brook Trout	.Shaw, Dr. H. S.
p	

MISCELIANEOUS.—Con.

Dolls and Picture Books	.Sutherland, Dr.
Salmon	. Sutherland, Mr. Louis
Crutches and Belts	Trenholm, Mrs. C. W.
Air Bed and Bellows	. Walklate, Mrs.
Engraving, Framed	. Whitehead, Col.
I Case Walker's Whiskey	. Wonham, W. R. & Sons

The ladies of the Ministering Circle of the King's Daughters, and the Y.M.C.A. of St. George's Church, have attended weekly to distribute books to the patients.

The ladies of the Montreal Flower Mission have attended weekly during the summer months, and distributed flowers to the patients.

Dr. Ruttan has made frequent examinations of the milk supplied to the hospital during the year.

TABLE OF STATISTICS

FOR THE YEAR 1896.

Admitted during the year, 2,016—Males, 1,031; Females, 985.

DEPARTMENT	Total	MALES	FEMALES
Medical	849	440	409
Surgical	749	493	256
Gynæcological	242		242
Eye and Ear	176	98	78
	2016	1031	985

Discharged, Died and Remaining.

DEPARTMENT	In Hospital 1st Jan'y 1896	Cured	Improved	Not Improved	Not Treated	Died	Remain'g 1st Dec. 1896
Medical	61	319	399	61	27	76	28
Surgical	50	452	168	24	56	32	65
Gynæcological	13	146	68	4	19	6	12
Eye and Ear	17	105	68	7	10	I	2
				——			——
	141	1022	703	96	112	115	107

Cost per day per patient, \$1.34.

Total number of days in Hospital, 61,241.

Average number of days per patient, 29.87.

Medical. Surgical. Eye and Ear. Gynæcological. 26.8 30.5 28 26.1

Total number of deaths in Hospital, 115. Died within 48 hours of admission, 21.

Statement of Income and Expenditure

INCOME.

Payment by Lord Mount Stephen and Sir Donald A. Smith towards expenses	
of 1895\$20,000 00 Less Balance of Income Account, 31st December, 1895 19,457 26	
Dividends from Investments 26,991 95 95 95 95 97 97 97 97	5 4 1
Donations—	
Geo. Olds \$500 00 A. T. Paterson 100 00 Paterson & Son 100 00 A Friend 100 00 Dominion Transport Co 50 00 Chanteloup Manufacturing Co 50 00 James Wilson 25 00 Judge Bain 20 00 Charles Cassils 20 00 Employees of Chanteloup Manufacturing Co 16 40 Employees of St. James Club 9 00 Col. John Cassels 5 00 P. Casey 1 00	
Cost of Nurses' Badges, from a Governor	
charged to that account)
\$82,675.40	

We have examined the books of the Royal Victoria Hospital, and find that the above is a true statement of the income and expenditures of the said hospital, for the year ending 31st Dec., 1896.

(Signed) I. G. OGDEN, G. A. FARMER, Honorary Auditors.

VICTORIA HOSPITAL.

for the Year ending 31st December, 1896.

EXPENDITURE.		
Provisions—		
Meat. Bread and Flour Milk Butter and Cheese Eggs Fish and Poultry Groceries Vegetables and Fruit Ice.	1,930 20 3,527 34 2,057 21 1,246 87 2,931 78 3,076 37 1,940 93 435 56	522,49 1 94
Surgery and Dispensary—		, ,,, ,,
Drugs	2,126 50 2,449 74 228 41 140 12 354 00 478 94	10,306 07
Domestic-		
Fuel and Light\$ Hardware, Crockery, Brushes, etc Linens Furniture Laundry Supplies General Expense	1,420 13 991 94 803 97 125 54 916 51	16,126 88
Wages-		,
Nursing Department Steward's " Housekeeper's " Engineer's " Superintendent's " Dispenser's " Resident Medical Staff	9,232 71 5,067 13 4,116 60 3,363 03 2,795 83 1,017 65 951 72	26,544 67
Establishment Charges—		7511 -7
Insurance\$ Grounds Repairs to Buildings	110 25 1,217 70 1,705 16	3,033 11
Miscellaneous—		0, 00
Stationery and Printing Telegrams and Postage. Doctors' and Nurses' Library Cabs and Cars Legal Expenses Nurses' Badges	877 08 172 16 144 05 112 32 10 00 288 00	1,603 61
Special, in Suspense—		, 5 - 2
Amount of claim by City of Montreal for Water during 1895 and 1896, under adjustment		3,569 21
	-	883,675 49
		-3,75 49

OCCUPATIONS OF PATIENTS.

Accountants	3	Conductors	5
Actor	I	Confectioners	I
Aeronaut	I	Constables	2
Agents	13	Cooks	18
Apprentices	2	Coopers	2
Artist	I		
·		Draughtsman	I
Baby Boys	47	Dress Makers	15
" Girls	30	Drivers	8
Baggagemen	2	Drug Clerks	3
Bailiff	I		
Barbers	2	Electrician	4
Bar Tenders	2	Elevator Boy	I
Bat Maker	I	Engineers	IO
Blacksmiths	IO	_	
Boiler Makers	3	Factory Girls	8
Book, Binder	I	Farmers	28
Book Keepers	20	Farm Laborers	98
Bottle Dealers	2	Firemen	15
Brakemen	6	Fitter	I
Brass Workers	2	Footmen	3
Brewer	I	Foremen	6
Bricklayer	I	Fur Dresser	I
Brokers	3		
Butchers	8	Gardeners	2
Butler	I	Governesses	5
		Grocer	I
Canvasser	I	Guardian	I
Carpenters	25		
Carriage Makers	4	Hatters	2
Carters	ΙΙ	Hostlers	3
Cashier	I	Hotel Keepers	7
Checkers	3	Housemaids	9
Cigar Makers	4	Housewives	517
Cleaner	I		317
Clergymen	7	Inspector	I
Clerks	61		
Coachmen	10	Jewellers	2
Collector	I	Journalists	4
			4

Judge	I	Quarryman	I
Laborers	223	Ranchman	I
Laundresses	6	Registrar	I
Laundrymen	2	Roofers	2
Lithographer	I		
Lumbermen	6	Sadlers	5
		Sailors	2
Machinists	17	Salesmen	3
Managers	2	Saloon Keepers	4
Manufacturers	3	School Boys	72
Marble Polisher	I	" Girls	69
Masons	4	Seamstresses	136
Mechanics	2	Servants	122
Merchants	19	Shantyman	I
Messengers	6	Shipper	I
Milliners	8	Shoemakers	9
Millwrights	7	Slatemakers	2
Miner	I	Steamfitters	2
Missionary	I	Stonecutters	2
Motormen	4	Storemen	ΙI
Moulders	5	Students	35
		Switchmen	2
Nursemaids	5		
Nurses	16	Tailoresses	2
		Tailors	9
Office Boys	2	Teachers	15
Orderlies	10	Traders	. 2
		Trainer	I
Painters	7	Travellers	7
Peddlers	4	Typewriters	3
Photographer	I		
Physicians	16	Waiters	3
Plumbers	3	Waitresses	6
Porters	5	Washerwomen	4
Printers	9	Weavers	2
Professors of Music	3		

BIRTHPLACES OF PATIENTS.

Canada	1310	Denmark	2
England	253	West Indies	2
Ireland	157	China	2
United States	130	Australia	2
Scotland	78	Poland	2
Russia	19	Norway	I
Newfoundland	14	Austria	I
France	9	Channel Islands	1
India	6	Roumania	I
Finland	6	Holland	I
Germany	5	New Zealand	I
Italy	4	Switzerland	I
Sweden	4	Syria	I
Belgium	3	-	2,016

Acting Lady Superintendent's Report.

To the Governors of the

Royal Victoria Hospital:

GENTLEMEN,

I beg to submit the following Report of the Nursing Department of the Royal Victoria Hospital, for the year 1896:

The Nursing Staff consists of a Night Superintendent, seven Head Nurses, thirty-one Pupil Nurses, and five Probationers, making a total of forty-four.

There have been 357 applicants for admission. Twenty-six were received on probation, of whom twenty-one were accepted as pupil nurses. Of these, one came from Ireland, one from England, twelve from different parts of Canada, and seven from Montreal and its neighborhood.

The health of the nurses has been excellent, no case of serious illness having occurred.

A course of lectures was delivered by members of the Medical Staff, and classes and examinations were held during nine months of the year, by the Lady Superintendent. Practical lessons on cookery were given to the senior class by the Night Superintendent, during the first four months of the year. The following twenty-three nurses, forming the first graduating class, having passed their final examinations in April, were presented by Sir Donald A. Smith with diplomas and badges:

Miss	E. Amsbery	Miss	C. Hamilton
11	A. Boulton	11	B. HIGGINBOTHAM
11	A. CAMPBELL	11	M. KIMBER
n	E. CHANDLER	11	L. Lewis
11	F. CLEMENT	11	L. Owen
11	E. Cooper	11	A. Parks
11	W. Dawes	11	E. Pomeroy
11	M. FEENEY	11	E. Robins
11	N. Goodhue	11	J. Russell
11	M. Grant	11	A. Taylor
11	M. Hastings	11	H. WATTERS
	Miss	L. Wii	LLS

Miss L. Wills

Four of these have been retained as Head Nurses, and two are holding hospital positions in the United States.

Respectfully submitted,

E. MAYOU,

Acting Lady Superintendent.

31st December, 1896.

REPORT OF THE MEDICAL DEPARTMENT,

For the Year ending 31st December, 1896.

By W. G. REILLY, M.D., SENIOR RESIDENT PHYSICIAN.

-	ital 1896	ADI	MITI	CED	I		HAR	R	Days in Hospital			
DISEASES	In Hospital 1st Jan. 1896	Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died	Remaining	Total	Av. per Patient
DISEASES OF THE BLOOD AND CIRCULA- TORY SYSTEM				ļ								
Total 140—Male 58, Female 82												
Anæmia, pernicious	I	6 2 4 1 4 1	4 1 3 4 1	2 I I I 	I	5 1 1 4 1	I		I I I 		388 19 344 163 14 144 6	65 9 344 40 14 36 6
insufficiency		5	3	2	• •	2		• •	2	I	128	26
Aortic stenosis and mitral in-		I	I				I			٠,٠	3	25 3
sufficiency		I	• •	I		I		,			120	120
ciency and mitral stenosis Arterial sclerosis	I	I I 20 3 I I 2		1 20 3 1 	15	I I I 6 3 I I I I I			· · · · · · · · · · · · · · · · · · ·		26 2 32 462 66 3 52 62	26 2 32 23 22 3 52 31
with hemplegia	2	1 1 2 2 1 13 1 1	 I I I 6 I	I I 7	I	I I I I I I I I I I I I I I I I I I I	I		3		29 12 50 3 121 406 7 18	29 12 25 2 121 27 7 18
of lungs		I	I						I		5	5
Forward	I	78	33	45	17	48	3	2	12	I	2710	

	tal 896	AD	MIT	TED		DISC	CHAI	50		Days in Hospital		
DISEASES	In Hospital 1st Jan. 189	Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died	Remaining	Total	Av. per Patient
Forward	5	78	33	45	17	48	3	2	12	I	2710	
Diseases of the Blood and Circulatory System.—Con.					,							
Mitral insufficiency and tricuspid insufficiency	2 I	1 9 1 11	 I I 6	8 . 5		9 1 11		• •	I I 	I 	46 215 22 450	46 19 22 37
terstitial nephritis	• •	I		I.		• •				I	4	4
Mitral stenosis, and mitral and tricuspid insufficiency		I	I		• •			• •	I		2	2
Mitral stenosis and tricuspid in- sufficiency		I		I		ı		• •			62	62
Mitral stenosis and insufficiency, acute ulcerative endocarditis.		I	1						I		I	I
Mitral stenosis and insufficiency, aortic insufficiency		.2	I	I		2		• •			31	15
Mitral stenosis and insufficiency, aortic insufficiency and stenosis	 I	2		2 8		I 9		• •	I 2	· · I	48 238	24 20
Myocarditis and mitral insufficiency	· · I	I		I		I	• •	• •			60 34	60
Myocarditis, chronic bronchitis, and emphysema		I	I						I		II	ΙΙ
Myocarditis and chronic inter- stitial nephritis		I		I			I				I	I
Myocarditis, chronic interstitial nephritis, and chronic cystitis		I	I			I					18	18
Pericarditis with effusion adherent		2	I	I	2	• •					123	62
Phlebitis		I	•	I	I				I		3 44	3 44
" double		I 2	I I		• •	I		· · ·	• •		8	8
" Septie		2	1	1	••	• •	1	1	• •		17	9
DISEASES OF THE DIGESTIVE SYSTEM												
Total 99—Male 48, Female 51.												
Abscess, peritonsillar Appendicitis	• •	1 3 1	 I	3 	I I I	I		I*		• •	19 33 1	19 12 1
Forward	ΙΙ	134	53	81	23	87	5	4	22	4	4201	

^{*} Transferred to other Departments.

					D. 7.0.0			Days in				
64		ADMITTED				CHAI	18	Hospital				
DISEASES	In Hospital 1st Jan. 189	Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died	Remaining	Total	Av. per Patient
Forward	II	134	53	81	23	87	5	4	22	4	42C I	
101111111111111111111111111111111111111		-34	33		-3			4	22	4	4201	
Diseascs of the Digestive System.—Con.												
Carcinoma of stomach	I	6 1 3 3	6 I I 2	 2 I	 I	I I 2 I I	5		I	• •	223 36 42 35	32 36 14 12
Cirrhosis of liver, hypertrophic Diarrhœa, acute chronic Dilatation of colon Dysentery, acute		3 5 4 1	I 2 I I	2 5 2	5 4 	2 I		• •	• •		177 66 152 22 15	59 13 38 22 15
Dyspepsia, flatulent, and aortic insufficiency		ı	I			I					30	30
Dyspepsia, motor, and dilatation of stomach		I	I			I					35	35
Enteroptosis	• •	I	• •	I I		I			• •		3	3
Gastric ulcer	I	9 2		9	6	2	• •	• •	• •		252 27	25 I4
" neoplasm	• •	5	1 4	I		5			• •		9 7 9	16
Gastritis, acute sub-acute	• •	4 4	*3	3	4 4			• •			22 64	16
" chronic	• •	7	4	3	· · ·	7			• •		125 14	18 14
Gastritis, chronic, and chronic bronchitis		ı		I		I					8	8
Gastritis, chronic, malignant disease		ı	I			I					8	8
Gastro-enteritis, acute	• •	2 I	2		2	I			٠		24 18	12
Intestinal hæmorrhage	I	• •	• •	I					I		4	4
Inflammation, pelvic Jaundice, Catarrhal	I	4	2	2	4	I	••				13 65	13
Peritonitis, acute localized	···	I 2	 I	I	I	2			ı		6 173	57
Rectum, stricture of	ı	I		I	I	I					16 21	16 21
Tonsillitis, acute	ı	1 6	3	3	I 6	••			• •	I	9	9
" suppurative		2	2		2	•••		••			55 9	5
Forward	18	221	94	127	67	124	12	5	26	5	6059	

		1									Days	in
	pital 1896	ADN	ITI	ED	I		HAR		St	Hospital		
i i	In Hospital 1st Jan. 1896	Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died	Remaining	Total	Av. per Patient
Forward	18	221	94	127	67	124	12	5	26	5	6059	
DISEASES OF THE RESPIRATORY SYSTEM												
Total 179-Male 94, Female 85.				•								
Abscess, pulmonary Asthma Bronchitis, acute "sub-acute "chronic "fœtid Bronchitis, chr., and emphysema Embolus, pulmonary Empyema Pertussis Pertussis, cerebral hæmorrhage,		2 5 7 2 5 1 6 1 4 2	2 4 1 2 4 1 4 1 3	I 6 I 2 I 2	2 8 I	2 3 1 2 5 1 6 			 I	· · · · · · · · · · · · · · · · · · ·	67 110 115 13 87 22 99 1 65 53	34 22 12 7 17 22 14 1 16 27
hemiplegia, and bronchopneumonia Pleurisy, acute		1 3 3 11 2 1 1 24	2 3 4 2 I	7 I	3 5 2 20	3 5 			 1		16 101 104 401 28 15 13 542	16 34 35 37 14 15 13 22
Pneumonia, acute lobar, tabes dorsalis		 I I 2 I 2 76	i i i 2 33	 I I I 43		2 I 53		· · · · · · · · · · · · · · · · · · ·	I I I 2 I5	I	9 10 28 48 34 45 25 2420	9 10 28 48 17 45 13 30
Tuberculosis, pulmonary, and mitral endocarditis		I	I			I					22	22
Tuberculosis, pulmonary, chronic interstitial nephritis, and amyloid kidney		ı	•••	I					I		76	76
DISEASES OF THE NERVOUS SYSTEM Total 188—Male 98, Female 90.												
Angina pectoris, pseudo Ataxia, cerebellar		3 1 1	I	3		3 I	, I				45 60 6	15 60 6
Forward	30	393	182	211	109	217	25	9	53	Io	10739	

^{*} Transferred to other Departments.

	,0	AT	MICTO	DDD					Days in			
	pital 1896	AD.	MIT	TED			HAF	RGEL))g	Hosp	
DISEASES	In Hospital 1st Jan. 1896	Total /	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died	Remaining	Total	Av. per Patient
Forward	30	393	182	211	109	217	25	9	53	10	10739	
Diseases of the Nervous System.—Con. Atrophy, idiopathic muscular		2		2			2				, , , , , , , , , , , , , , , , , , ,	74
" cerebral (in an adult).	• •	I		I			I	• •			147 26	26
Charge Charge		I	I		6		I	• •			34	34
Chorea	I	9		9		3					341	38
" and sub-acute rheumatism		I		I	I				• •		23	23
Dementia	• •	I	I	• (•			I	• •	• •	• •	7	7
plegia		I		I						I	94	94
Epilepsy, major		5	2	3		5					129	26
" minor		3	2 I	I	• •	3	I	• •	• •	• •	115	38
Friedreich's disease		I	I	' '			I				36	36
Habit spasm		I	1			I					46	46
Hæmorrhage, cerebral		4	2	2		I	I	• •	2		50	12
Hæmorrhage, cerebral cortical, hemiplegia		ı	I			I					50	50
Hæmorrhage, cerebral, hemi-												
plegia		2	2			I		l T			IOI	56
Hemianæthesia, organic	, I	2	2			1	1	I			14	3
Hemiplegia, with convulsions		I	I			I				V	20	20
" infantile		I		I		I					32	32
" syphilitic Hysteria	···	28	3	25		1 23	2	···	• •	. · ·	18	19
Hysterical headache		I	3	² 5		23					13	13
" hæmoptysis		I		I		I					10	10
" morbus coxæ		2		2 I		2 I					94	47 65
" vomiting		I	I			1				1	65	43
Insanity, post epileptic		I		I		1					4	4.
" delusional		I	I			t		• •	• •		10	10
Irritable spine		I	1	I	I] I					$\begin{bmatrix} 8\\ 37 \end{bmatrix}$	37
Melancholia		2		2			2				44	22
Meningitis, purulent		I	I					• •	I		4	4
" simple " tuberculous		I	2	I 2		I	2	• •	2		35	35
Meningo-myelitis		5	5			4	I				418	84
Monoplegia, functional		I	I			İ					19	19
Myelitis, acute, osteomalacia	• •	I	I						I		30	30
Forward	33	485	216	269	119	27	41	12	59	12	13471	

	pital 1896	ADI	MITT	ED	I	DISC	HAR	GED		200	Days Hosp	
DISEASES	In Hospital 1st Jan. 189	Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died	Remaining	Total	Av. per Patient
Forward	33	485	216	269	119	275	4 I	12	59	12	13471	
Diseases of the Nervous System.—Con.				4		T					31	31
Myelitis, chronic		I I 2 I	I I I	I 		I I 2 I					109	109
Neuralgia, brachial and intercostal Neuralgia, cervical intercostal supra-orbital trifacial Neurasthenia		I I 3 I I 20	I 2 I I I 2 I 2	I	2 I I 2		3	I I			9 2 54 19 6 398	9 2 18 19 6
Neurasthenia, chronic interstitial nephritis Neuritis, alcoholic " arsenical " peripheral " traumatic Neurosis, vasomotor		1 1 1 5 2 1 1	I I I 4 I I	I	2 I	I I 3 2 I	I				44 I 78 237 69 24 35	44 1 78 48 35 24 35
Ophthalmoplegia Pachymeningitis cervicalis hypertrophica. Palsy, Bell's cortical writer's Paralysis agitans		IIIIIII	I	I	I	I					31 8 19 35	31 8 19 35
Paralysis, post diphtheritic, chronic interstitial nephritis. Paramyoclonus multiplex Paraplegia, ataxic		I I 3 2 1 1 5 1 3 4 3 5	I I 2 2 4 1 3 4 I 5	I I I 2		1 1 3 2 1 1 3 1 1 3 5 5	I I 2 2 I I I I	 			53 398 7 149 9 49 117 23 55 171 164 98 111 123 99 235	53 199 7 75 9 16 59 12 55 34 164 33 28 62 33 39
Forward	42	564	272	292	130	334	58	15	59	13	16549	

		1					1 1	Days in				
	pital 1896	AD:	MITI	ΓED]			RGEL)	8	Hosp	
DISEASES	In Hospital 1st Jan. 1896	Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died	Remaining	Total	Av. per Patient
Forward	42	564	272	292	130	334	55	15	59	13	16549	
FEVERS												
Total 94—Male 61, Female 33.												
Febricula Malaria Measles Scarlatina Typhoid " and pericarditis " and septicæmia	1 6	11 5 1 67 1 1	8 3 42 I	3 2 I I 25 I	11 4 66 I	I I		I I		I 5	178 125 6 3 2952 63 71	15 25 6 3 40 63 71
SKIN DISEASES												
Total 12—Male 7, Female 5.												
Eczema, acute		1 1 1 4 1 2 1 1	3 2 I	I I I	I I 4 I I I I I	 I I					16 28 19 110 27 17 42 40	16 28 19 25 27 8 42 40
POISONS												
Total 38—Male 27, Female 11.												
Alcoholism, acute		22 2 1 1 4 1 1 5	18 1 2 1 1 3	4 I I I 2 I 2	20 2 I I 2 I I 3	2					157 15 2 4 103 73 1 9 143	7 2 4 26 73 1 9 29
Forward	50	700	359	341	254	341	57	17	61	20	20753	

	700 Total	Wales	Remales 145	Cured 254	l Improv'd	2 Not Improv'd	Vot Treated	19 Died	Remaining	Total Ital	Av. per Patient
		359	341	254	341	57	17	61	20		
I I 	I		1		l .				20	20753	
I I 	I										
I I 	I										
I	3 1 1 1 5	I 2 I 2 9	 I I 3 4	I I	3 1 1 1 5 8		I*		· · · · · · · · · · · · · · · · · · ·	20 24 35 130 75 9 35 131 318	20 24 35 43 75 9 35 22 25
I	2		2		3			• •		64	22
	I	• •	I			• •	• •	I		17	17
	I	I			I			• •	••	10	10
	I I 2 I I I I 4	I I I I I I I I I I I I I I I I I I I	 I I I 	 I		 I	I 2* I* I*			28 4 45 1 4 16 24 12	28 4 23 1 4 16 24 3
2	1 1 2 1 4 1 25 1 2	 I I 4 IO I	I 2 I I 5 2	I I 23 I	3 2 1	I	 	I	 	27 38 28 139 3 31 9 263 15 39	27 38 28 35 3 8 9 11 15
	2	I I 2 I 25 I 2	I I I I I 2 2 I I 4 4 I 25 IO I I 2	I I I 2 2 2 4 4 I I	I I	I I I I I I	I I I I	I I I	I I I I I	I I I I I I I	I I I

^{*}Transferred to other Departments.

	pital 1896	AD	MIT	ГED]		HAI	RGEI)	ps	Days Hosp	
DISEASES	In Hospital 1st Jan. 1890	Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died	Remaining	Total	Av. per Patient
Forward	56	780	399	381	285	374	59	24	72	22	22347	
General Diseases.—Con. Purpura hæmorrhagica	 I I I 	2 17 17 4 7 10 1 2 2	I 9 8 4 6 7	1 8 9 1 3 I 2 I	1 15 1 13 1 1 	 2 4 3 4 8 2			I	I I I I 2	158 497 51 406 210 287 281 8 14 33 37	79 28 51 23 42 41 26 8 7 16 37
MISCELLANEOUS Total 6—Male 4, Female 2.												
Abscess, retropharyngeal Caries of vertebræ Contusion of side Injury to foot		3 1 1	I 2 I	 I 	I	I	• • • • • • • • • • • • • • • • • • • •	I * 2			12 44 3 7	12 15 3 7
	61	849	440	409	319	399	61	27	76	28	24395	26.8

^{*} Transferred to other Departments.

Remaining 1st January, 1896 61 Admitted 849	
	910
Discharged, cured	
" improved 399	
" unimproved 61	
Not treated 27	
Died 76	
Remaining 28	
	910
Average number of days in hospital per patient	

CAUSES OF DEATHS

IN

THE MEDICAL DEPARTMENT.

Alcoholism, acute, with delirium	I
Anæmia, pernicious	I
Aneurism, aortic	I
" subclavian and carotid	I
Carcinoma, general	I
Carcinoma of stomach	I
Cirrhosis of liver, atrophic	1
Diabetes mellitus, with gangrene	1
Embolus, pulmonary	I
Endocarditis, acute ulcerative, with mitral stenosis and insufficiency	I
" aortic and mitral insufficiency aortic and mitral insufficiency	2
mitral insufficiency	3
" with infarcts of lungs "	Ι
" and tricuspid insufficiency	I
" stenosis	I
" and insufficiency	I
" " and tricuspid insufficiency	I
" and aortic stenosis and insufficiency	I
multiple, valvular	I
Hæmorrhage, cerebral	2
" intestinal	I
Leuchæmia, acute	2
Meningitis, purulent	I
tuberculous	2
Myelitis, acute, osteo malacia	I
Myocarditis	2
chronic bronchitis and emphysema	
Nephritis, chronic interstitial cerebral hæmorrhage	4 1
Pericarditis, adherent	I
Pericarditis, adherent Peritonitis, tuberculous	I
Pneumonia, acute lobar	4
tabas dagadia	4 I
" " tabes dorsans	
Forward	46

CAUSES OF DEATHS.—Con.

Forward	46
Pneumonia, senile	I
" septic broncho	I
Poisoning, Paris green	I
Purpura hæmorrhagica	I
Pyopneumothorax, tuberculous	I
Septicæmia, general	I
" puerperal	I
Syphilis, tertiary	I
Tuberculosis, miliary	2
" pulmonary	15
" chronic interstital nephritis, and amyloid kidney	I
Uræmia	4
	76

TYPHOID FEVER.

During the year 1896, sixty-two cases of typhoid were admitted, and of these sixty were treated to a conclusion. Of the two cases not treated to a conclusion, one was pregnant in the 34th week and left to be confined at her own home; and one, a Chinaman, was taken home by his friends to be given the regular Chinese treatment. Both of these cases made a satisfactory recovery. In addition to this number, there were six cases in the wards on January 1st, 1896, all of which recovered, and five cases remaining on January 1st, 1897. These latter cases are not included in the subjoined statistics.

There has been no fatal case during the year.

Treatment.—

- With regard to treatment, hydrotheraphy has been employed as routine practice. The graduated baths were given, the patient being immersed at a temperature of 90° for fifteen minutes, and the water rapidly cooled to 80°.
- After the first bath the patient would be immersed at 80° and the temperature of the water reduced to 70°, or in some cases to 65°, if the patient's condition was not a contraindication. Baths were given every three hours, when the temperature remained above 102.3°.
- Of the 68 patients treated during the year, 47 were given baths. In seven of these cases the baths were discontinued: in two, because the pulse became rapid and feeble, and there was marked cyanosis while in the bath; in another, on account of phlebitis; one patient complained of severe neuralgic pains during and after the baths; in another case, during a relapse, on account of abscess formation; one case, a child, was too refractory, and in another case, also a child, the signs were those of meningitis rather than of typhoid in the earlier part of the illness. In most of these cases sponging was substituted for the bath.
- The average duration of the bath-treated cases was 48.9 days; the average number of baths given to each patient was 21.8; the greatest number in any one case was 79, the least number was 1.
- In 21 cases baths were not given; in 12 of these the temperature was such as to render the bath treatment unnecessary; in 5 the diagnosis was not clear; in one case, pregnancy, in the 34th week, was thought to be a contraindication; in another case fever followed confinement, and was complicated by acute parenchymatous nephritis, while two cases were admitted so late on in the disease that it was thought advisable not to begin bath treatment.

Of the 5 cases in which the diagnosis was at first not clear, sponging with ice water was resorted to whenever the temperature reached 102.3°. In a few cases Yeo's Euchlorine mixture was given, but additional measures were rarely employed, save when constipation was present at the outset a calomel purge was given.

Milk diet was strictly maintained throughout the earlier stages of the disease, but when the fever shewed signs of abating, weak coffee or cocoa, and in some cases broths, were given in addition.

Duration of Cases .-

The average duration in hospital was 45.4 days. The average duration of the febrile period was 23.9 days; the longest febrile period in any case being 84 days, while the shortest period was 3 days.

Symptoms. -

In addition to the fever, there was a distinct eruption in 78% of the cases, and in 66.2% of the cases the spleen was palpable.

Diarrhœa was present in but 8% of the cases, while constipation, necessitating administration of enemata, was present in 91.1%.

Relapses occurred in but 8 cases, the average duration of which was 19.7 days. In no case was there more than one relapse. The symptoms of the relapse were, in one case, a typical elevation of temperature, accompanied by a sub-acute bronchitis; in two other cases, elevation of temperature only; in four cases, in addition to elevation of temperature, there was enlargement of the spleen, and in the remaining case there was elevation of temperature, splenic enlargement and a most diffuse eruption. In this last case the eruption during the first illness had been very scanty.

The longest febrile period of any relapse was 42 days, and occurred in the last mentioned case; the shortest febrile period was 11 days. The longest period at which a relapse occurred after normal temperature had been reached was 8 days.

Complications.—

Complications occurred in 30 cases, and were as follows: In two cases there was sub-acute mania, in one towards convalescence, in a neurotic individual in the other at the onset (vide Report No. xv.). In one case an abscess developed in the check, and was followed by facial erysipelas, which necessitated remaining in hospital at least three weeks longer than would otherwise have been the case, and in addition patient developed an epididymo-orchitis. In 9 cases there was acute or sub-acute bronchitis, and in one of them—in the patient longest in the hospital—there was in addition a sub-acute nephritis. In one case there was pericarditis, and during convalescence, phlebitis; and in two other cases phlebitis occurred, in one of which there was also septicæmia. In two cases there was myocarditis; and in one of those during convalescence measles and chicken-pox, and in the other acute suppurative otitis media. This latter complication also

occurred in two other cases. Nephritis occurred in four cases, in three of which it was sub-acute; and in the other, acute parenchymatous coming on with the fever, and following confinement.

Furunculosis occurred in three cases, cultures from the pus shewed staphylococci. There was one case of intestinal hæmorrhage; one case in which chicken-pox developed; one case of periphral neuritis, and one case in which the illness occurred late on in pregnancy.

The following is a brief account of the more serious cases:

Typhoid, with Mental Disturbance, Tympanites, Retention of Urine, Relapse, and Abscess Formation.

Case 1.—A. C., Æt. 29. Case No. 750.

Admitted Nov. 24th, 1895, complaining of headache and fever, with a history of malaise ten days previously, followed soon by headache, repeated rigors and general prostration. There had been slight epistaxis, some nausea and vomiting.

On admission, patient was found to be a well nourished woman, although rather anæmic. Tongue coated, T. 101.4°, P. 100, R. 20. The appetite was poor and the bowels were constipated. The abdomen was distended and tympanitic, and the urine contained a trace of albumen. There were no rose spots, and the spleen was not palpable.

The subsequent course of events was as follows: Two days later rose spots appeared, and the spleen became readily palpable. In the third week patient became delirious, there was retention of urine and much abdominal tympanites. These distressing conditions gradually passed away, and the temperature became normal 37 days after admission to hospital, and remained so for 36 hours, when it began slowly to ascend, and seven days later reached 104.4°. Normal temperature was not reached again for 26 days.

Towards the end of the febrile period, two large superficial abscesses developed in the left axilla, around which were a number of smaller abscesses. These were opened and drained, and patient was discharged II weeks from date of admission.

Typhoid, running a mild course, followed by a severe and very protracted Relapse with Nervousness, Delirium, and Enfeeblement of the Circulation.

Case II.—F. R., Æt. 19. Case No. 712.

Admitted Nov. 27th, 1895, complaining of headache, diarrhea, pains, and loss of appetite. The patient stated that he had been out of sorts for two weeks. Soon his appetite became poor, and he had paroxysmal crampy pains in legs and abdomen. Headache and diarrhea began three days before admission to hospital.

- Two months previous to admission, a young brother of the patient had been discharged from hospital, after having gone through a very severe attack of typhoid.
- On examination, the patient was found to be a healthy looking, well nourished young man, with flushed face and anxious countenance. The lips were parched and dry, the tongue was coated, the breath typhoidal. T. 102.4°, P. 76, R. 24. The pulse was of low tension, there was a systolic murmur at the apex, and the pulmonary second sound was accentuated. The abdomen was retracted, there were a few rose spots, and the spleen was palpable.
- Sixteen days after admission the temperature became normal, and remained so for 24 hours, then began to go up, and three days later reached 104.1°, not reaching normal again for 42 days. During the relapse there was a most copious eruption, and the spleen became much enlarged. The patient stood the baths so poorly that sponging and Yeo's mixture were used instead. During the acme of the fever there was marked delirium and restlessness. Stools and urine were passed involuntarily, the pulse became shabby and there was marked cyanosis. The urine contained much albumen. Towards the end of the fifth week patient began to improve, and he was discharged 76 days after admission to hospital.

Typhoid, ushered in by Rigors, and Complicated in the third week by Hæmorrhage, with signs of Collapse the following day

Case III.—T. O., Æt. 43. Case No. 765.

- Admitted Dec. 21st, 1895, complaining of headache, weakness, pain in the back and loss of appetite, commencing, he said, 17 days previously, with chilly feelings which in a few days became actual rigors lasting from 3 to 5 minutes, occurring two or three times each hour, day and night, and lasting altogether about a week. Accompanying the above was violent headache, and pain in the back and limbs. During second week patient had no chills, but he suffered from severe headache, loss of appetite, gradually progressive weakness, slight diarrhæa, and crampy abdominal pains.
- On admission, patient was found to be an emaciated anæmic man, with an anxious, drawn expression. There was general tremor, and owing to dryness of the mouth and tongue, some difficulty in speaking. There had been rapid loss of flesh, the tongue was heavily coated, and the breath foul. T. 102°, P. 112, R. 24. The pulse was of low tension and dicrotic. There was a short, rough murmur at the aortic cartilage, and the aortic second sound was accentuated. There were a few sibilant râles in the lungs. The abdomen was distended, there were a few rose spots, the spleen, although apparently enlarged on percussion, could not be felt. The urine contained considerable albumen.
- Four days after admission patient had a hæmorrhage, but as it occurred with a stool the quantity could not be estimated. After the hæmorrhage the patient did not feel weakened, there was no change in the pulse or respiration, no

fall in the temperature, and the patient looked as if nothing had happened. The following morning at 10 o'clock the patient shewed signs of collapse, the pulse became rapid, small and weak, the extremities cold, the patient blanched, the skin bathed in perspiration. Two hours later the temperature could not be taken per rectum, and it was not until late in the afternoon that the thermometer would register. No blood was passed, and the stool the following day, although black, did not contain blood. Patient began to improve gradually and was discharged without further misfortune.

Typhoid, following Confinement, and Complicated by Acute Parenchymatous Nephritis.

Case IV.—L. H., Æt. 28. Case No. 778.

Was admitted from the Woman's Hospital, Jan. 2nd, 1896, complaining of headache, and pain in the chest.

This patient entered the Woman's Hospital Dec. 14th, 1895, and gave birth to twins one week later. For one week following labor there was normal temperature, and the uterine condition appeared normal; then there was a gradual elevation of temperature, and this continued with morning remission and evening exacerbation until on the 30th Dec., it reached 105°. It now oscillated between 101° and 105° for several days. There was no evidence that the recent parturition had in any way an effect on the temperature, but previous to the outset of the headache and pains in the chest, patient had chilly sensations and distaste for food, with occasional attacks of vomiting.

On admission, patient was found to be an emaciated, anæmic woman. There were some herpetic patches about the lips, the tongue was heavily coated, and the bowels were constipated. T. 103.4°, P. 96, R. 24. The pulse was of high tension; there was no evident cardiac enlargement, but there was a faint systolic murmur transmitted into the axilla, and a loud, rough systolic murmur at the base. The abdomen was distended, the liver and spleen were palpable. There were no rose spots. The urine was acid—10 13—and contained albumen and casts. Of the subsequent course of events there is nothing of importance. The fever ran a normal course, and there were no complications. On discharge the spleen and liver had decreased in size, but were still palpable. The urine gradually became free from albumen.

Typhoid, with Stupor followed by Delirium, and Complicated by Acute Bronchitis and Sub-acute Nephritis.

Case V.—E. T., Æt. 50. Case No. 1,101.

Admitted from the Out-patient Department May 22nd, 1896, complaining of gradually progressive weakness, which began three weeks previously. During this time she had, at intervals, suffered from headache, loss of appetite, sore throat, and pains in the limbs. She had had occasional asthmatic attacks.

On examination, patient was found to be a well nourished, healthy looking woman. Face flushed, lips dry, tongue clean. T. 103°, P. 100, R. 20. The lungs shewed evidence of chronic bronchitis and emphysema. The pulmonary second sound was reduplicated, the abdomen was distended, and the spleen readily palpable. The urine was acid—10 20—and contained albumen and casts.

The subsequent course of events was as follows: During the first ten days in hospital patient was dull and apathetic, then she became stuperose. The angle of the mouth was drawn to the left side, but the tongue was protruded straight. It now became dry, furred and fissured. The patellar reflexes could not be obtained. This condition gave place in a few days to active delirium, and the patient could only with difficulty be kept in bed. Any noise in the ward would cause her to scream loudly, and there was considerable volitional tremor. At this time the lungs shewed evidence of fairly acute bronchitis. For ten days this state of affairs lasted, some days being more pronounced than others. Gradually patient became rational, and was discharged after having been in hospital 118 days.

Typhoid, of a mild type and short duration, followed by Peripheral Neuritis.

Case VI.—L. B., Æt. 18. Case No. 1,237.

Admitted July 28th, 1896, complaining of abdominal pain, weakness, constipation and loss of appetite. The onset of the illness occurred one week previously.

On examination, patient was found to be a healthy looking, well nourished young woman, with flushed face and coated tongue. T. 98.3°, P. 126, R. 24. Save that the spleen was readily palpable, and rose spots present, the examination was otherwise negative. During the first three days after admission there was a steady elevation of temperature, the highest point being reached on the evening of the fourth day. The temperature reached the normal 25 days after admission; and two weeks after this time patient complained of pain, numbness and tingling in the legs. On examination the skin and muscles were found to be tender, there was some loss of power and a slight exaggeration of the knee jerk. There was no objective sensory disturbance. The general health had much improved, but it was not until three weeks had passed that patient was able to leave hospital.

Typhoid, accompanied by Phlebitis, Repeated Rigors, unusually high Temperature, and the presence of Staphylococci in the Blood.

Case VII.—P. C., Æt. 20. Case No. 1,319.

Admitted Aug. 31st, 1896, complaining of loss of appetite, headache, pain in the back, and general weakness. For ten days patient had felt out of sorts, but was not confined to bed until four days before admission, when she began to suffer from severe frontal headache, vomiting, pain in the back and prostration, with some elevation of temperature.

Typhoid, with Delirium, Embarrassed Circulation, and Nervous Symptoms Simulating Meningitis. Abscess Formation during Convalescence.

Case VIII.—B. O., Æt. S. Case No. 1,321.

Admitted Aug. 31st, 1896, complaining of headache, diarrhœa, and abdominal pain, which began one week previously; and in addition, there was loss of appetite.

On examination, patient was found to be a fairly well nourished lad, with flushed face and heavily coated tongue, rather dull and apathetic; the skin on the body was pungently hot, but the extremities were cold. T. 103.2°, P. 90, R. 28. There was a blowing systolic murmur at the apex, transmitted into the axilla, and the pulmonary second sound was accentuated. The abdomen was not distended, but was generally tender, and the spleen was readily palpable.

The day following admission the patient became delirious, refused to take his nourishment, and in the succeeding 24 hours he had retention of urine. During the first four days in hospital the patient took baths well, but after this the pulse became rapid, weak and irregular; there was cyanosis, and severe abdominal pain. Later on in the day there was stiffness in the muscles at the back of the neck, and he complained of severe frontal headache, was dull, difficult to rouse, but answered questions rationally when aroused. Following this came a period of four days in which there was marked retraction of the head, adductor spasm and some resistance to

extension of the thighs. He lay on his side with the head drawn back, and the extremities strongly flexed on the abdomen; the knee jerk could not be obtained; there was marked cyanosis, and nourishment could with difficulty be given. Dr. Buller reported the examination of the eyes to be negative. Gradually this condition passed away. Save that a large abscess developed in the abdominal wall, there was nothing to note during convalescence.

Typhoid, with Endo-pericarditis followed by Sub-acute Rheumatism and Nephritis.

Case IX.—V. K., Æt. 25. Case No. 1,326.

Admitted Sept. 1st, 1896, complaining of chilliness, weakness, and pains all over the body, which, he said, began one week previously. Three days previous to admission he had severe and persistent vomiting and frontal headache, while since the onset of the illness there has been a gradually progressive weakness.

Of his personal history, the only point to be mentioned is that since the age of 14 he had had five attacks of acute rheumatism.

On admission, patient was found to be rather apathetic, the tongue was dry and coated, the teeth covered with sordes, the breath foul, the skin hot and dry. T. 102.4°, P. 96, R. 24. The heart was slightly enlarged, there was a mitral regurgitant murmur, and the pulmonary second sound was accentuated, but there was no evidence of loss of compensation. The abdomen was distended and tender, and there were a few rose spots; the spleen was not palpable. The urine contained a small quantity of albumen and a few casts.

Early in the third week after admission it was noticed that the area of cardiac dulness was increasing, and that the percussion note altered as the patient's position was changed. Towards the end of the third week dulness extended two inches outside the nipple line, and the note changed very much with change of position. The heart sounds had by this time become feeble, but with the disappearance of the fluid they became stronger. In the fifth week he had a sudden elevation of temperature accompanied by headache, pain in the chest and in some of the smaller joints, which lasted about a week. Later on a phlebitis developed, but this gradually disappeared.

The examination of the heart previous to discharge shewed, in addition to the systolic murmur mentioned as having been present on admission, a presystolic thrill, and a presystolic murmur. The patient was discharged 63 days after admission.

Typhoid, of unusual severity, with Embarrassment of Circulation. Relapse and Acute Bronchitis.

Case X.—D. F., Æt. 20. Case No. 1,362.

Admitted Sept. 15th, 1896, complaining of headache, diarrhœa, and general weakness, which had been present for four days, and accompanied by loss of appetite and great thirst.

- On examination, patient was found to be a well nourished, intelligent man, with flushed face and dry, coated tongue. T. 104.3°, P. 100, R. 24. The abdomen was retracted, and there was slight tenderness in the right iliac fossa. There were rose spots and the spleen was palpable.
- This case was one of unusual severity and in the earlier period of illness, uncomplicated. The temperature during the first three weeks after admission ranged from 100° to 105°. At first baths were given and were well borne, but after the 32nd bath they were discontinued on account of the pulse becoming rapid, feeble and irregular, and with this marked cyanosis. Sponging was substituted for the baths, but even after each sponge there was considerable distress.
- On the 31st day after admission the temperature became normal, and remained so for 24 hours, then elevation began, and patient entered on a relapse which lasted 15 days, and with this he had an acute bronchitis. Patient was discharged 68 days after admission.

Typhoid, with severe Neuralgic Pains, necessitating discontinuance of Baths. Sub-cutaneous Nodules.

Case XI.—W. B., Æt. 11. Case No. 1,340.

- Admitted from the Out-patient Department, complaining of headache, vomiting, cough, loss of appetite and general weakness.
- Illness was said to have begun two weeks previously, by a feeling of malaise, soon followed by the complaints before mentioned; and, in addition, sleep had been much disturbed, his friends stating that patient had been delirious each night since onset. Patient, though but a child, had used tobacco freely.
- On examination, he was found to be a well nourished lad, but dull and apathetic; the tongue heavily coated, and skin hot and dry. T. 104.3°, P. 100, R. 24. There was an exaggerated knee jerk. The examination of heart showed a basal systolic murmur, and the pulmonary second sound was accentuated. The abdomen was distended, there were a few rose spots, and the spleen was readily palpable.
- The patient was given baths, but from time to time during the first week, he complained bitterly of crampy pains in the legs during and after the bath. At the end of the first week there was slight tenderness in the muscles of the left leg, and some diminution in the knee jerk. During the second week the baths were still less well borne, the patient now complaining of severe neuralgic pains all over the body, until at last he struggled so that it was thought advisable to discontinue baths and substitute sponging, but in a few days this too had to be discontinued. The temperature did not reach the normal until the end of the sixth week after admission to hospital. During convalescence, there was some abdominal distension, and a number of small, rather superficial nodules, the size of a bean, could be felt. These

were firm, tender on pressure, irregular in outline, not always felt in the same position nor limited to any particular region of the abdomen. Gradually these disappeared, except a few which were left on discharge, 47 days after admission.

Typhoid, of mild type and short duration, Complicated by Acute Suppurative Otitis Media and Myocarditis.

Case XII.—R. D., Æt. 8. Case No. 1,369.

- Admitted Sept. 16th, 1896, complaining of cough, diarrhea and headache. Eleven days previously patient complained of chilly sensations. Cough began the following day, and a few days before admission diarrhea and headache set in.
- On admission, patient was found to be a well nourished child, although below the average size. The face was flushed, the tongue coated, teeth covered with sordes. There was moderate dyspnæa and a hard, dry cough. T. 103°, P. 120, R. 40. The child was peevish and irritable. In the lungs there were signs of a general bronchitis. The abdomen was distended and tender everywhere, and there were a few rose spots. The spleen was not palpable.
- The course of the fever was short, becoming normal 13 days after admission. Four days later acute suppurative otitis media developed. The same day patient had an attack of vomiting, and soon after there were signs of collapse, evidenced by cyanosis, cold extremities, and anxious, drawn expression. The examination of the heart was negative. The following day a slight irregularity in the heart's action was noticed, both in volume and rhythm; the patient was apathetic; ear discharge was scanty.
- In the succeeding fifteen days there was a marked change in the action of the heart. While in the earlier period of the illness it had been moderately rapid, it now became slow and irregular, dropping from 116 to 60 in a few hours. Strychnine and brandy were given in appropriate quantities, and the heart gradually but slowly returned to normal again, and patient was discharged 71 days after admission.

Typhoid, with development of Sub-acute Mania during Convalescence.

Case XIII.—J. L., Æt. 26. Case No. 1,414.

- Admitted Oct. 10th, 1896, complaining of general weakness, and pain in the back. One week previously patient began to suffer from headache, chilliness, general weakness, pains and loss of appetite, but did not take to bed for several days. The bowels had been constipated.
- On examination, patient was found to be a well nourished man, intelligent but neurotic. The tongue was coated, and the teeth were covered with sordes. T. 101°, P. 92, R. 24. The abdomen was distended and tender, the spleen readily palpable. There were no rose spots.

The course of the fever was very mild, the highest temperature at any time being 102°. After temperature had been normal five days, patient was noticed to be very nervous. The following day he had minor delusions, and in the evening fancied he was going to die. For nearly two weeks patient at times became almost maniacal, but he eventually recovered.

Typhoid, preceded by Acute Dysentery; Complicated by Bronchitis, Epididymo-orchitis, Non-specific Urethritis, Alveolar Abscess, and Facial Erysipelas.

Case XIV.—J. P., Æt. 21. Case No. 1,419.

Admitted Oct. 12th, 1896, complaining of pains all over, headache, general weakness and cough. Three weeks previously patient was seized with an attack of acute dysentery, which lasted for a week, and for another week the dysenteric condition was present, but not nearly so acute. For a week there had been progressive weakness and pain; and the day before admission, severe headache and cough.

On admission, patient was found to be a well nourished but anæmic young man, dull and apathetic; cheeks flushed, slightly cyanosed, skin hot, tongue coated and sordes on the teeth. T. 103.3°, P. 80, R. 20. There was a sub-acute bronchitis, a systolic murmur at the apex transmitted into the axilla, and another at the base. The pulmonary second sound was accentuated. The abdomen was distended and tender, there were a few rose spots, and the spleen was palpable. The urine contained a trace of albumen. During the first two weeks after admission the course of the fever was moderately severe, and during this time, save for bronchitis, there was no complication. In the third week an epididymo-orchitis developed, and with it a bloody, purulent urethral discharge, in which neither gonococci nor tubercle bacilli were found, and which had not been present on admission. In the sixth week a swelling developed in the cheek, a tooth opposite this was extracted and a quantity of pus escaped; but, drainage not being free, an opening was made from the outside. Thirteen days later erysipelas developed at the site of the incision, and it was not until at the end of three weeks that the patient could be discharged. In all he was in hospital 81 days.

Typhoid, following an attack of the same disease six weeks previously, and setting in with Despondency, which in a few days was replaced by Delirium and Sub-acute Mania.

Case XV.—D. L. Æt. 23. Case No. 1,492.

Admitted Nov. 3rd, 1896, complaining of loss of appetite and despondency. Regarding this patient, it may be said that he was discharged one month previously after having been in hospital for an attack of typhoid fever lasting six weeks. For two weeks before discharge he had had a normal temperature. One week before readmission patient was noticed to be

despondent, at times easily excitable, and the day before admission was delirious. For several days he had had a poor appetite with occasional vomiting, and at times headache.

On admission, he was found to be apathetic and dull, and could not answer questions rationally. There was some conjunctivitis, lips were dry, tongue coated, and bowels constipated. T. 98.2°, P. 112, R. 24. The pulse was dicrotic, there was a systolic murmur at the apex, not transmitted into the axilla, and another at the base; the pulmonary second sound was accentuated. The abdomen was distended, there were numerous rose spots, and the spleen was palpable. The urine contained albumen, but no casts were found during the first 24 hours. After admission the temperature reached 103.2°, and the fever ran a moderate course. The mental disturbances disappeared with the fall of the temperature.

REPORT OF THE SURGICAL DEPARTMENT,

For the Year ending 31st December, 1896.

PREPARED BY H. S. SHAW, M.D., SENIOR RESIDENT SURGEON.

	al 896	ADI	TIM	CED		DISC	HAF)		Days in Hospital		
DISEASES	In Hospital 1st Jan. 1896	Total	Male	Female	Cured	Improv'd	Not Improv'd	Not Treated	Died	Remaining	Total	Av. per Patient
Abdominal		13113511141114121211111	I 3 I 2 I I I I I I I I I I I I I I	I I I I I	I 3 1 I I 3 3 I I I 4 I I					· · · · · · · · · · · · · · · · · · ·	43 47 9 7 37 67 4 10 71 7 18 8 155 23 14 10 151 16 182 2 2 7 14	43 16 9 7 12 13 4 1 10 18 8 1 7 39 23 7 10 75 16 91 2 2 7 14
Jaw	• •	I 2 2	I 2	2	I 	I I		· · · I		 I	11 84 10	11 42 5
APPENDICITIS Appendicitis	2	77	61	16	70	I			5	3	1985	25
Forward	2*	123	92	31	97	14			7	6	2978	

	1											
	ital 1896	AD	MITT	red	1	DISC	HAR	RGEI)	ත	Days Hosp	
DISEASES	In Hospital 1st Jan. 1890	Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died	Remaining	Total	Av. per Patient
Forward	2	123	92	31	97	14		I	7	6	2978	
ARTHRITIS												
Ankle, tubercular. Elbow, " Hip, " Knee, chronic " gonorrhœal " tubercular " septic Rheumatoid Shoulder, tubercular " chronic Wrist, tubercular Sacro-iliac	I I I I	I I I I I I I I I I I I I I I I I I I	I 7 I 9 2 I I I	7 1 1 8 1 	7 2 	2 3 I 2 4 I I I	I 2 I	3 I		4 2 I	59 34 2044 14 97 1275 114 18 30 2 15 20	29 34 146 14 48 71 57 9 15 2 15 20
BURNS AND SCALDS												
Hands and face Head and trunk Foot	• •	IIII	I I	 I	 I	I I			• •	••	5 19	10 5 19
BURSITIS												
Elbow, suppurative Patellæ Tuber ischü, suppurative		3 1	I I	3	3 1	• •	• •	• •	• •	•••	29 39 67	29 13 67
BONE												
Caries, metacarpal " os calcis " rib " spinal Exostosis, bursata " tibia Necrosis, femur " jaw " metatarsus " tarsus " tibia " thumb Osteo-myelitis, femur	1	 I I 9 I I 5 4 I I 3 I 3	 I 8 I 5 3 I I 3 I 2	I I I I I I I I I I I I I I I I I I I	1 1 1 1 1 3 1 			 I I 		3	43 72 26 1390 23 1 209 149 14 45 173 15 317	43 72 26 107 23 1 42 30 14 45 43 15 106
Forward	14	204	1.45	59	132	46	4	Ю	8	18	9346	

											Days in	
	ital 1896	AD	MIT.	red			CHAF)	ng.	Hosp	
DISEASES	In Hospital 1st Jan. 1896	Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died	Remaining	Total	Av. per Patient
Forward	14	204	145	59	132	46	4	10	8	18	9346	
Bone.—Con.				1								
Osteo-myelitis, humerus "tibia Ostitis of femur "sclerosing "tibia "syphilitic tibia Periostitis, elbow "jaw "tibia	 I I I	I I I I I I I I I I I I I I I I I I I	I I I I I I I I I I I I I I I I I I I	 I	I I	I I I I I I I I I I I I I I I I I I I					32 341 2 17 18 21 121 9 102	32 170 2 17 18 21 60 9
CELLULITIS												
Arm Hand Knee Leg Neck	 I	1 4 1 5	3 1 4	 I 	3 1 4 1	I I I			• •	I	3 65 9 79 10	3 16 9 16 10
CONTRACTIONS												
Following burn of face " " elbow " " finger Contractions, postparalytic " tendo-achillis	 I 	I	I	I	I I ···		• •	I	• •	• •	19 27 5 8 7	19 27 5 8 7
DEFORMITIES												
Hand Hare lip Flat foot. Talipes, equinus " " double " equino-varus " " double.	 I 	I 2 I 2 I I I	2 2 I	I I I	I 2 I 2 I I I I I	• •					18 30 12 22 42 28 30	18 15 12 11 42 28 30
" equinus, and deformity of toe		I	I		I						39	39
" following compound fracture Torticollis		I	I	• •	I	· · I					46 25	46 25
Forward	20	238	171	67	158	58	4	11	8	19	10533	

	pital 1896	AD	MIT	red		DISC	CHAF	RGEI)	pr.	Days Hosp	
DISEASES	In Hospital 1st Jan. 1896	Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died	Remaining	Total	Av. per Patient
Forward	20	238	171	67	158	58	4	II	8	19	10533	
DISLOCATIONS												
Ankle Elbow Radius, unreduced Lumbar vertebræ Semilunar cartilage Shoulder unreduced	I	1 1 1 3 1	I I 3 I I	 	I I I		···	i		I	64 13 17 14 18 3 2	64 13 17 14 6 3 2
CONTUSIONS												
Back Knee Side Shoulder Thighs and Pelvis Sprained ankle	••	2 I I I I 2	I I I 	2 I I	2 I I I I I	· · · · · · · · · · · · · · · · · · ·			• •		66 15 2 3 20 18	33 15 2 3 20 9
FRACTURES												
Clavicle " with dislocation Elbow. " compound Femur, intracapsular " extra capsular " shaft " faulty union. Fibula Humerus " ununited Patella Radius Rib Tibia Tibia and Fibula.	I I I	2 1 2 1 4 3 1 5 3 1 1 1 2 3 2	2 I 2 I I 5 2 I I 2 2 I I	3 I I	2 I I 3 2 2 2 2 2 2 2 2	1 2 2 1 1	I			I I I I I I I I I I I I I I I I I I I	34 6 35 25 228 39 115 2 62 85 20 36 2 11 78 76	11 6 17 25 57 39 38 2 12 28 20 18 2 5 26 38
FOREIGN BODIES												
Bladder Hand Larynx Pharynx	I	I I I	I I	···	I	• •	I	•••	I I		33 I I 4	33 I I 4
Forward	25	289	209	80	193	67	7	13	9	25	11681	

	ital 1896	AD	MIT.	red]	DISC	CHAI	RGEI)	50	Days Hosp	
DISEASES	In Hospital 1st Jan. 189	Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died	Remaining	Total	Av. per Patient
Forward	25	289	209	80	193	67	7	13	9	25	11681	
CENITO-URINARY BLADDER—							1					
Cystitis	• •	4 4 1 6 1	1 4 6	3 I	I 3	2 2 I	I	I	 I	 I	164 79 2 189 19	41 20 2 31 19
KIDNEY— Floating Nephrolithiasis Pyonephrosis " obstructive Pyelitis Surgical kidney Tuberculosis		3 7 1 1 1 1	5 I 	3 2 I I	2 I 1 ···	2 I I	I	I 2	 I I	I	143 290 62 16 12 22 63	48 41 62 16 12 22 63
PROSTATE— Hypertrophied	I	4	4	• 1		5		• •			67	13
TESTICLE— Epididymitis		4 1 2 3 2 5	4 1 2 3 2 5		2 2 3 4	2 I I 2		· · · · · · · · · · · · · · · · · · ·			41 3 36 23 20 48	10 3 18 6 10 9
URETHRA—- Extravasation Fistulæ Posterior gonorrhæa Stricture Urethritis, simple	 I I	I I 2 II I	I I 2 II I	•••	 2 IO				I I		3 43 23 324 36	3 21 11 27 36
PENIS— Chancroids " and virulent bubo Phimosis and chancroids Phimosis Phagedæna		3 2 1 3 1	3 2 1 3 1		3 2 1 2	••	· · · · · · · · · · · · · · · · · · ·	••		i i	30 18 4 37 4	10 19 4 12 4
Genito-urinary tuberculosis Vaginitis, gonorrhœal Phagedæna about anus	• •	3 1	3 I	I I		I I I	• •	2	• •	• •	86 9 9	28 9 9
Forward	29	372	278	94	232	93	10	23	14	29	13606	

	pital 1896	AD	MIT	ГЕО		DISC	HAF	RGEI)	S _I	Days Hosp	
DISEASES	In Hospital 1st Jan. 1896	Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died	Remaining	Total	Av. per Patient
Forward	29	372	278	94	232	93	IO	23	14	29	13606	
CLANDS, LYMPHATIC												
Axillary, suppurating Cervical, tubercular " suppurating Inguinal virulent bubo " suppurating " tubercular Pelvic, tubercular	1 2	1 17 1 4 4 1 1	3 2 	 9 I I 2 I	2 19 1 4 3 1	· · · · · · · · · · · · · · · · · · ·				 I	96 353 2 66 98 37 25	48 18 2 16 24 37 25
HÆMORRHAGE												
Intracranial	• •	I	· · I		I	• •		• •	• •	• •	28 8	28 8
HERNIA												
Femoral		1 2 7 7 2	1 6 	 2 I 2	5 5 1		• •		2	 2 I I	33 12 169 261 63	33 6 24 37 12
INTESTINAL OBSTRUCTION						*						
Chronic	• •	4 3 1	2 I I	2 2	I		• •	• •	3 3	• •	29 13 15	7 4 15
RECTUM							4					
Fissure in ano Fistula in ano Hæmorrhoids Prolapsus ani Stricture	• •	5 10 16 1 4	4 9 9 1	7 4	2 9 15 1	2 3		I I I			63 154 293 13 100	12 15 18 13 25
Forward	32	466	335	131	304	101	10	26	22	35	15537	

	pital 1896	AD	MIT	red		DISC	HAF	RGEI)		Days Hosp	
DISEASES	In Hospital 1st Jan. 189	Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died	Remaining	Total	Av. per Patient
Forward	32	466	335	131	304	101	01	26	22	35	15537	
SINUSES												
Ankle Hip Skull Thigh		1 2 1 1	I I I	I	I	I I I		I			12 122 81 23	63 81 23
SYNOVITIS												
Knee, acute	I	1 4 1 1	I I	3 	2	3 1 1		• •	• •		10 154 17 30	31 17 30
TUMORS BENIGN —												
Benign— Angioma of thigh Fibroma of arm. "breast "foot. "hip. "leg. "scalp. "thigh. "uterus. Kidney tumor. Lipoma, arm. "abdominal wall. "multiple. "neck. Osteoma cervical vertebræ. Osteo-chondroma of neck. Papilloma of bladder. Thyroid		I I I I I I I I I I I I I I I I I I I	I I I I I I I I I I I I I I I I I I I	I	I I I I I I I I I I I I I I I I I I I		· · · · · · · · · · · · · · · · · · ·	 I 			39 14 31 2 18 38 38 22 1 18 22 27 11 15 38 51	39 14 31 2 18 38 38 22 1 6 22 9 11 15 38 25
Cystic— Congenital cyst, neck. Cerebral cyst, traumatic Ovarian Parotid Sebaceous in breast : " suppurating Thyroid		I I 2 I I I 2	I	I 2 I I I 2	I 2 I I I I					· · · · · · · · · · · · · · · · · · ·	15 149 82 2 14 6	15 149 41 2 14 6 5
Forward	33	510	354	156	329	112	12	31	22	37	16653	

=		9	LAD	MIT'	TED	<u> </u>	DICC	****	OCET			Days	in
		Hospital Jan. 1896	AD.	IVI I	1			CHAF		1	ng	Hosp	oital
	DISEASES	Hosp Jan.	 	es	Females	pa	Improv'd	Not Improv'd	Not		Remaining	la la	per ent
		In 1st	Total	Males	Fen	Cured	Imp	Imp	Not Treated	Died	Ren	Total	Av. per Patient
-	Forward	33	510	354	156	329	112	12	31	22	37	16653	
	Tumors.—Con.		'										
7	MALIGNANT-	:											
	Carcinoma, axilla		I		I				I			5	5
	" breast		9		9	8		1			I	212	5 23
	" " recurrent	• •	2		2	2	• •	• •		• •		61	30
	" cheek	• •	I 2	I	I	I	• • •		· ·	• •		6 25	12
	" cervical glands " dermoid cyst	•	I		I		::	I				36	36
	" floor of mouth		I	I		I						40	40
	" inguinal glands	• •	4	4		3			I		• •	63	16
	" jaw	. ,	3	3		I	I		• •	I		65	21
	" gall bladder	• •	I	I	• •			I	• •	• •	• •	57	57
	" multiple" " æsophagus		2	I 2			I		2	• •		33	19
	" esophagus	I					I	':				17	17
	" recurrent		I	I			I					24	24
	" rectum	.,	4	2	2		3				I	163	41
	" stomach	• •	2	I	I			I	• •	I		20	10
	" tonsil	• •	2 I	2	• •	I	• •		• •	I		67	33
	Epithelioma, epiglottis face	• •	2	I	2	2				I		250 91	250 45
	" lip		7	6	I	6	I					IOI	14
	" nose		Í	I				I				48	48
	" penis		I	I			I					33	33
	" scalp	• •	I		I		I	• ()					8
	" tongue	• •	3	3	••	I	• •	• •	2	• •	• •	37 38	12 38
	Fibroid, recurrent		I	I		I				I			2
	" chondro of tibia		I	I							I	I	I
	" intracranial		I	I	, .				I			13	13
	" femur		2	2			I		I			46	23
	" neck	• •	I	I	• •	I			• •	•••	• •	9	9
	" submaxillary region	• •	I	I	• •	I		• •	• •	• •	• •	II	11
	III OEDO												
0	ULCERS		_	_								22	22
	ancrum, oris	•	I	I	I	I		• •	• •	• •	I	32 48	32 48
I	fastric, perforatednfected and ulcerated stump		I	. · ·	1	I					1	58	58
F	oot		2	I	I	2			, .			32	16
k	Knee		Ī	I		I						13	13
I	legs, chronic	I	IO	2	8	9	I	I				344	31
	" indolent	• •	2	I	I	• •	2		• •	• •	• •	30	15
	" irritable	• •	I	. · ·	I	I	··	• •		• •		43	43
	y sypinitie					<u> </u>							40
	Forward	35	591	202	189	374	127	17	40	27	41	18872	
***										,	-		

Forward Ulcers.—Con. Legs, traumatic varicose		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Females	374 I 4	p, a o z d u l 27	b'vorqmI 12	\vdots	27 Died	. c .	18872 18872	Av. per Patient
Ulcers.—Con. Legs, traumatic " varicose Lupus " face " leg " neck Rodent, face Scalp Stomatitis, aphthous		I 6 2 2 I I I I I	1 3 1 1 1	3 1 1	I 4	2				2	18	22
Legs, traumatic " varicose Lupus " face " leg " neck Rodent, face Scalp Stomatitis, aphthous		6 2 2 1 1 1	3 I I I	3 I I	4	2				2	131	22
" varicose Lupus " face " leg " neck Rodent, face Scalp Stomatitis, aphthous		6 2 2 1 1 1	3 I I I	3 I I	4	2				2	131	22
" syphilitic		I I I I I I I I I I I I I I I I I I I	I I I 2 2	 I 		I I I 2					8 90 14 58 9 36 10 106 30 30 97 84 6	62 4 90 14 58 9 36 106 30 30 48 84 3
SKIN Dermatitis, herpetiformis " seborrhoica Eczema, chronic " acute " of foot Furunculosis Psoriasis Scrofuloderma of face Sycosis barbæ	. I	1 1 1 3 1 1 1	I I I I I I I I I I I I I I I I I I I		I	I I I 2 I I I I I					7 18 17 8 10 19 20 10	7 18 17 8 10 6 20 10
Wounds Arm, gun shot wound Bullet, hand " head leg Buttock, saw accident Ear mutilated Face incised wounds Forehead wound " gunpowder injury Forearm incised wound Foot, wounds		I I I I I I I I I I I I I I I I I I I	I I I I I I I I I I I I I I I I I I I	1 198	I I I I I I I I I I I I I I I I I I I			 		I	58 1 17 2 86 1 4 6 3 13 56	58 1 17 2 86 1 4 6 1 13 28

DISEASES		pital 1896	AD	MIT	ГЕD		DISC	HAF	RGEI)		Days Hosp	
Wounds.—Con.	DISEASES	Hosj Jan.	Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died	Remaining		
Foot, gunshot wound	Forward	39	637	439	198	401	144	17	42	27	45	20096	
Hand crushed	Wounds.—Con.					Í							
Atrophy of legs, with contractions	Hand crushed		1 1 1 1 1 1 1	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	· · · · · · · · · · · · · · · · · · ·	I I I I I I						34 14 6 14 1 11 4	34 14 6 14 1 11 4
Atrophy of legs, with contractions	UNCLASSIFIED												
Forward 45 704 477 227 439 157 20 48 30 55 23342	tions Biliary fistula. Cholelithiasis Carbuncle Concretion of mouth Concussion of brain Diabetes, mellitus. Erysipelas Empyema. Excised knee joint Floating body in elbow joint. Febricula Fæcal fistula Gastro-entritis, acute Ganglion, compound Gastritis Gangrene Gastralgia Hæmaturia. Hysterical hip joint "knee joint "retention Hairy mole on face. Hæmatoma of leg. "in pelvis "hand Ingrowing toenails Influenza Lumbago.		1 10 1 1 1 1 2 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 I I 2 4 I I S I I I I I I I I I I I I I I I	I T T T T T T T T T T T T T T T T T T T	4 I I I I I I I I I I I I I I I I I I I	3 			I	I	73 552 28 5 11 4 74 805 89 3 11 864 5 30 2 91 153 116 19 10 40 8 24 8 6 16 2	73 50 28 5 11 4 25 89 89 3 11 96 5 30 2 45 51 116 19 10 20 8 6 16 24 8 6 16 16 16 16 16 16 16 16 16
	·		704	477	227	439	157	20	48	30	55	23342	

	pital 1896	AD	MIT.	ΓED		DISC	HAR	GEL)	<u>ئ</u>	Days Hosp	
DISEASES	In Hospital Ist Jan. 189	Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died	Remaining	Total	Av. per Patient
Forward	45	704	477	227	439	157	20	48	30	55	23342	
Unclassified.—Con.					٨							
Metritis		I	· · · I	I				I I			4 2	4 2
Neurosis of hip joint		I		I			I				12 81	12
Neurasthenia Neuralgia, trifacial	···	3	I	2		2	··I	• •		I	8	27 8
Nephritis, sub-acute		I		I				I			4	4
Nasopharyngeal polypus Pyosalpinx	• •	I	• •	I I	I			• •			33	33
" and appendicitis		I		I	I			• •			60	60
Pigmented nævus of breast		I		I	I						8	8
Phlebitis	• •	I		I I	I	· · ·		• •		• •	61 47	61
Peritonitis, pelvic	• •	2	···	I	I		• •		I		67	33
" tubercular		3	I	2		I	2			2	44	I
Painful stump		2	2		2		• •		• •		62	31
Rickets Rheumatism, acute	2	9	5	4 I		2		I	• •	7	556 I	50
Septicæmia		ī		I					I		3	
Septic infection		2	I	I	2						6	3
Syphilis	2	5	3	2	I	5	• •	I			63	
Thrombosed varicose veins Unclassified		6	I	5 5	I			5	• •		77	77
	50	7 49	493	256	452	168	24	58	32	65	24679	

Remaining 1st January, 1896	749
	79 9
Discharged, cured	452
" improved	168
" unimproved	24
Not treated	
Died	32
Remaining	65
-	
Average number of days in hospital per patient	30.8

CAUSES OF DEATHS

IN

THE SURGICAL DEPARTMENT.

Appendicitis	5
Cancer of jaw	I
" stomach	I
" throat	I
" tonsil	I
Cholelithiasis	I
Empyæma	I
Extravasation of urine	I
Foreign body in larynx	I
Intestinal obstruction	6
Peritonitis, septic	I
Pott's disease	I
Pyæmia	I
Pyonephrosis	I
Retroperitoneal abscess	I
Sarcoma of bladder	I
Senile gangrene	I
Septicæmia	I
Stone in bladder	I
Strangulated hernia	2
Stricture of urethra	I
Surgical kidney	I

SURGICAL OPERATIONS,

For the Year ending 31st December, 1896.

HEAD AND NECK.		NECK.—Con.
CRANIUM.		Removal tubercular glands 15
	_	" cervical cyst I
200000000000000000000000000000000000000	I	" lipoma 4
Oramotomy, y	I	recurrent cancer I sarcoma 2
The state of the s	I	" sarcoma
	I	Section sterno mastoid, for torticollis I
		Tracheotomy 3
FACE.		·
Incision and scraping scrofuloderma	2	UPPER EXTREMITY.
included by come and the comment of	I	AXILLA, SHOULDER.
O points	I	Incision abscess
Plastic operation on face	8	Manipulating unreduced dislocation I
1	I	Removal lipoma I
	5	" suppurating glands 2
hairy mole on cheek	I	Skin grafting, ulcer
" carcinoma of temple	I	ARM.
	I	Incision, abscess 2
1	2	" cellulitis
Skin grafting, ulcer of nose Scraping and cauterizing lupus	I 2	Gunshot wound, removal of shot and
Scraping and cauterizing rupus		splinters
JAWS.		Scraping tubercular abscess
Curetting necrosis	I	Sequestrotomy, necrosis of humerous
Excision lower jaw, carcinoma	2	
Forcible manipulation, for ankylosis	I	ELBOW JOINT.
Incision, abscess	4	Curetting caries of olecranon
Sequestrotomy, necrosis	5	Excision
MOUTH, PHARYNX AND NOSE.		Removal floating body
	т	
Cauterizing cancrum oris Excision of tongue, Whiteheads	T	FOREARM.
" tumor of tongue	I	Amputation, circular
" ulcer of tongue	2	HAND.
Plastic operation on mouth	I	Curetting septic hand
Removal cancer of tonsil	I	Incision, cellulitis
" mouth concretion	I	ganglion
" nasal polypus floor of mouth, for cancer	I I	" to remove needle
Tonsillectomy	I	to release adherent tendon
		Re-amputation painful stump
NECK.		Skin grafting
Enucleation cystic thyroid	3	Suture of tendons
Incision and scraping tubercular abscess	3	EINCEDC
" post-pharyngeal abscess	I	FINGERS.
Removal cancerous submaxillary, gland's . "tubercular """	I I	Amputation Tenotomy, for contractions
" tubercular " " . " carcinoma partoid	2	Trimming
" caronama parcora	_	Zamming

THORAX AND CHEST WALL.	LAPAROTOMY.
BREAST.	Appendectomy
Excision, for cancer 12	" and oöphorectomy 2
Incision mammary abscess 2	Cholecystenterostomy
Removal sebaceous cyst	Cholecystostomy 5
	Enterorrhaphy fæcal fistula 2
CHEST.	Inguinal colotomy (Maydl's) 4
Excision carious rib	Intestinal obstruction 3
Exploratory aspiration 2	Nephrectomy, abdominal 1
Incision abscess 2	Opening appendix abscess
Removal of fibroid I	Ovariotomy 3
Resection of rib 6	Perforated gastric ulcer 2
Skin grafting, ulcer	Removal ovarian dermoid
Thoracoplasty 3	Repacking after appendectomy I
Skin grafting after ditto I	Resection of splenic flexure for malignant
BACK AND VERTEBRAL	obstruction
	Resection cœcum, for fæcal fistula I
COLUMN.	Tubercular peritonitis
Evacuation subphrenic abscess	Volvulus of sigmoid
Exploring sinus in loin	
Firing back	GENITO-URINARY.
Incision abscess in right loin (appendix) I	
" for tumor of cervical vertebræ I	ANUS AND RECTUM.
" perinephritic abscess I	Excision of Rectum (intra-peritoneal) 2
Lumbar puncture of subarachnoid space I	Hæmorrhoids, clamp and cautery 15
Re-opening lumbar abscess	" Whitehead's 2
Removing malignant tumors of back I	Incision fistula in ano II
" suppurating sebaceous cyst I	" ischio rectal abscess 5
Skin grafting, ulcer of buttock I	" fissure in ano 2
Treve's operation for lumbar abscess I	Proctotomy and dilatation 2
ADDORFER	Reopening for hæmorrhage after White-
ABDOMEN.	head's operation I
ABDOMINAL WALL.	
Exploring fæcal fistula	BLADDER AND URETHRA.
Incision abscess 3	
" psoas abscess 2	
Opening bowel after Maydl's Colotomy 4	Cystoscopy for recto-vesical fistula 5
" pelvic abscess 2	Dilatation
Removal lipoma 3	" " urethra I
Re-opening biliary fistula 3	
Suturing after laporotomy 2	Internal urethrotomy
Trimming ends of bowel after colotomy I	Lateral lithotomy 2
EXPLORATORY.	Perineal section for drainage 2
	Prostatectomy combines suprapubic and
Appendicitie (appendix not removed)	perineal
Appendicitis (appendix not removed) 3	Suprapubic cystotomy for foreign body I
Cancer of gall bladder 1 Laparotomy 6	" " " papilloma I
1 7	" " " papilloma I
HERNIA.	
Radical cure, femoral I	KIDNEY.
" " strangulated 2	
" " inguinal	Nephrolithotomy
" " strangulated 6	Nephrorrhaphy 2
" " umbilical	Nephrotomy, exploratory
" " ventral 2	" for pyonephrosis 3

PENIS.	HIP.
Amputation I	Examination of 3
Cauterizing phagedena 2	Excision for ankylosis
" chancroids 4 Circumcision 7	Removal of fibroma I
Circumcision	KNEE JOINT.
SCROTUM AND TESTES.	Arthrotomy, septic joint
	Breaking up fibrous ankylosis I
Incision scrotal abscess I Radical cure, hydrocele 4	Excision for tuberculosis 7
Removal tubercular testicle	" " ankylosis I
Scraping sinus in perineum I	Firing I
Suturing lacerated scrotum I	Incision popliteal abscess
Tapping hydrocele I	Suturing patella I
Varicocle, radical cure 3	
UTERUS.	LEG.
Removing adherent placenta I	Amputation, circular I
Removing adherent placenta	Pirogoff
LOWER EXTREMITY.	" Syme
	Excision varicose veins
ANKLE.	Exploring osteo-sarcoma of tibia I
Excision for ankylosis	" sinuses
Scraping sinuses I	Incision, cellulitis
BUTTOCK.	Tellioval of Duffet :
	Scraping abscess I
Curetting sinus I	and cauterizing lupus 2
FOOT.	" necrosis 6
Amputation of toes 4	Skin grafting, ulcer 8
Excision first metatarso-phalangeal joint I	THIGH.
Removal of bullet I	Amputation 2
Suturing severed tendon I	Exploring sinus 3
Removal fibroma I ingrowing toe-nails 2	Incision, abscess I
" ingrowing toe-nails 2 Scraping caries of os calcis I	" of stump I
Sequestrotomy, necrosis of metatarsus I	" and scraping periostitis I Osteotomy, for bowing of thigh I
Tenotomy, tendo achillis	Osteotomy, for bowing of thigh I knock-knees 2
•	Removal angioma I
GROIN.	" bursate exostosis I
Opening sinus I	" fibroma I
Removal cancerous glands	Sequestrotomy, necrosis 2
" suppurating glands 8	Setting fracture
" tubercular glands 3	Thephining, osteo myentariti 3

REPORT OF GYNÆCOLOGICAL DEPARTMENT,

For the Year ending 31st December, 1896.

PREPARED BY DR. L. HOGG, RESIDENT GYNÆCOLOGIST.

	pital 1896	ADMITTED			DISCHARGED					مما	Days in Hospital	
DISEASES	In Hospital Ist Jan. 1890	Total		Females	Cured	Improv'd	Not Improv'd	Not Treated	Died	Remaining	Total	Av. per Patient
Abortion " threatened	I I	42 21715333112141144816 1611216 533 6 4		4 2 2 1 7 1 5 3 13 1 1 2 1 4 4 8 1 16 1 1 6 5 33 6 4	3 1 1 5 1 5 3 2 · · · · · · · · · · · · · · · · · ·	I			I	I	57 35 20 30 193 41 127 116 173 37 39 32 25 87 32 32 81 111 220 7 546 3 17 129 39 195 136 798 122	14 17 10 30 27 41 25 38 13 37 39 16 25 22 32 20 27 15 7 34 31 7 64 39 32 27 21 20 33 27 27 21 20 33 21 21 21 21 21 21 21 21 21 21 21 21 21
öophoritis Nearalgia, ovarian Papilloma of cervix	I	3 I		4 3 1	2 I	4 ··			•••		208	69
Forward	7	149	• •	149	89	38	3	II	4	II	3921	

65

	tal 896	968 ADMITTED				DISC	HAR	ا مم	Days in Hospital			
DISEASES	In Hospital 1st Jan. 189	Total		Females	Cured	Improv'd	Not Improv'd	Not Treated	Died	Remaining	Total	Av. per Patient
Forward	7	149	• •	149	89	38	3	II	4	II	3921	
Papillo-adenoma of ovaries (malignant)		1 8 5 1 1		1 8 5 1 1 1	 4 I I	I 4 3		2			30 243 230 I 20 29 20	30 30 60 1 20 29 20
Pregnancy, with carcinoma uteri		I		I		• •		I			13	13
Pregnancy, with incarceration of uterus		1 3 2 6 2 1 1 1		I 3 2 6 2 I I I I	I I 3 2 2	 2 1 3 I	I				19 51 56 129 54 1 127 42	19 17 28 21 27 1 127 42
Retroflexion, with chronic metritis		3		3	2	I					99 376	33 34
Retroversion, with cystocele and	1	II		II	11	I		I			79	39
rertocele	-	2	• •	2	2	I	I				65	32
Retroversion, with laceration of	f	2		2	2			I			47	23
cervix	f	5		5	4					I	184	37
Retroversion, with salpingo	-	2		2	I	I					46	23
Retroversion, with prolapse o right appendages	f	2		2	2						47	23
Salpingitis, with chronic metritis	- · · · · · · · · · · · · · · · · · · ·	2 1 12 1 3 1		2 I I2 I 3 I I	2 9 t I	3 I			I		57 21 406 23 20 26 26	28 21 34 23 6 26 26
Forward	. 12	235		235	144	63	4	19	5	12	6508	

	oital 1896	ADI	ADMITTED			DISC	HAR	۵۵	Days in Hospital			
DISEASES	In Hospital Ist Jan. 1890	Total		Females	Cured	Improv'd	Not Improv'd	Not Treated	Died	Remaining	Total	Av. per Patient
Forward	12	235		235	144	63	4	19	5	12	6508	
Uræmia		ı	• •	I		• •			I		18	18
knee joint	 I 	1 4 1	• •	1 4 1	2	3 1	• • • • • • • • • • • • • • • • • • • •	• •	• •		59 90 2	59 22 2
	13	242	• •	242	146	68	4	19	6	12	6677	

	Ist January, 1896		
			255
Discharged,	cured	146	
	improved		
"	unimproved	4	
"	not treated	19	
Died		6	
Remaining	• • • • • • • • • • • • • • • • • • • •	12	
			255
Average nu	mber of days in hospital per patient	26.1	[

CAUSES OF DEATHS

IN

THE GYNÆCOLOGICAL DEPARTMENT.

Abortion			 	 	 	 	 		 			 	 		
Apoplexy	following	operation.	 	 	 	 	 		 	• •		 	 		
Erysipelas	5		 	 	 	 	 	٠.	 		• • •	 	 	• •	
Septicæmi	ia		 	 	 	 	 		 			 	 		
"	following	operation	 	 	 	 	 		 			 	 		
Uræmia .			 	 	 	 	 		 	• • •		 	 		

GYNÆCOLOGICAL OPERATIONS,

For the Year ending 31st December, 1896.

	Total	Well	Improv'd	Not Improv'd	Died
Amputation of cervix (high). " " (Schræder's) Appendix excision. Colporrhaphy, anterior (Stoltz's) " " (oval denudation) Colpotomy, anterior.	40 I 9 II I	3 39 1 9 11		I	•••
Curetting of Uterus " and cauterizing carcinomatous cervix " " tubercular " " " separating bands in adhesive vaginitis Excision of broad ligament cyst " hæmorrhoids	3 1 2 2 6	I I I	2 2 		· · · · · · · · · · · · · · · · · · ·
" hæmatoma of right fallopian tube. " fibrous polypus of cervix. " mucus " " " ovarian cystoma. Exploratory laparotomy Hysterectomy, abdominal	1 2 2 5 5	1 2 2 5 3 8			· · · · · · · · · · · · · · · · · · ·
" vaginal Oöphorectomy, right " left " double Oöphorotomy, right	1 i i i i 3	II 2 I I 3			•••
" left. " double. Opening labial abscess " pelvic " " pyometra. Repair of cervix (Emmet's.	2 3 1 2 1 4	2 3 I 2 I 4			• • • • • • • • • • • • • • • • • • • •
" perineum (Emmet's). " " (paroson, Tait's). " vesico vaginal fistula. Salpingo-oöphorectomy, right. " " left. " double.	32 2 1 7 4 8	32 2 1 6 4		 I	• •
Shortening round ligaments (Alexander's). Skene's operation for lengthening anterior vaginal wall. Ventro fixation	1 3 28 3	1 3 27 3	 I 		
	330	318	7	3	2

REPORT OF EYE, EAR, NOSE AND THROAT DEPT.

For the Year ending 31st December, 1896.

PREPARED BY DR. DUNCAN P. ANDERSON, RESIDENT OPHTHALMOLOGIST.

1 KBT TRUE									11	11	Davis	
1	ital 1896	ADM	IITT	ED	D		HAR	<u>م</u>	Days in Hospital			
DISEASES	In Hospital 1st Jan. 1896	Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died	Remaining	Total	Av. per Patient
CONJUNCTIVA Conjunctivitis, sub-acute " reflex " phyctenular " purulent " acute granular " chronic " Burn of conjunctiva Traumatic coloboma of lid, with	3	 I I I 23 I	 I I4 I		 I I 6	 I 	 I	 I			 122 28 81 23 1165 4	 122 28 81 23 51 4
symblepharon	• •	I	I	• •	I	•			• •	••	3 3	3 3
Keratitis, interstitial " diffuse interstitial " reflex " " phlyctenular Staphyloma of cornea Ulcer " " Leukoma " " " adherens, of cornea Perforating wound " " Keratoconus Scleritis, chronic Perforating wound of sclerotic Keratoiritis		2 1 7 1 7 2 1 1 1 1	3 I 4 I I I	2 I	 I 3 I 2 I I I	3 4 I I I I			* I		105 10 203 15 27 311 16 11 12 36 6 30	35 10 29 15 27 44 8 11 12 36 6 30
CLOBE Phthisis, bulbi " anterior Intraocular melanotic sarcoma Glaucoma, acute " sub-acute		2 2 2 2 1	I 2 I I	I I 2	2 2 2 2						22 23 32 65 6	11 12 16 33 6
" sub-acute " chronic Forward	. 2	70	34	36	32	38	2	3	I	••	2471	16

^{*}This patient died of diabetes.

•												
	ital r896	ADI	MIT	red		DISC	CHAF	RGEI)	ad	Days Hosp	
DISEASES	In Hospital 1st Jan. 1896	Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died	Remaining	Total	Av. per Patient
Forward	6	70	34	36	32	38	2	2	I		2471	
Globe.—Con.												
Glaucoma, following cataract operation Ruptured eyeball		I	· · I	I 	, . I	I		• •	• •	••	60 39	60 39
LENS							<u> </u>					
Opaque capsule	2 I ··	1 12 5 2	7 4 I	1 5 1	I I3 I 2 I	 2 I		 I		 I 	28 3 6 1 32 85 205	28 26 32 17 103
" cortical, with retinitis hæmorrhagica	I		• •			• •	I				28	28
bismus with recurrent iritis	ı	I		I		I				•••	25 92	25 92
LIDS												
Retraction of upper lid	· · · · · · · · · · · · · · · · · · ·	I I I I I I 2	3 I ··· I	I I I I I I	I I I I I I I I I I I I I I I I I I I	3 					68 2 142 9 27 21 3 11	68 2 47 9 14 21 3 6
LACHRYMAL APPARATUS												
Dacryocystitis, chronic " traumatic " Syphilitic		I	I		I I	I		• •	• •		80 3 21	40 3 21
MUSCLES AND NERVES												
Strabismus convergens " divergens Hyper-exophoria		4 1 1	I I	3 1	3 1 1						13 19 83	3 19 83
Forward	13	113	56	57	65	50	3	6	I	I	3928	

9	oital 1896	AD	MIT	red		DISC	CHAI	RGEI	D	bo	Days Hosp	
DISEASES	In Hospital 1st Jan. 189	Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died	Remaining	Total	Av. per Patient
Forward	13	113	56	57	65	50	3	6	I	I	3928	
OPTIC NERVE AND RETINA										•		
Optic neuritis Retrobulbar neuritis Optic atrophy Retinitis pigmentosa Detached retina Glioma of retina	I 	3 1 2 1	I 2 I 2 I	I	· · · · · · · · · · · · · · · · · · ·	3 I	I		• •		22 46 94 22 14 8	22 46 31 22 7 8
ORBIT												
Recurrent melanotic sarcoma of orbit	• •	I	I I	I	I		I 	• •		• •	59 34 10	59 34 10
REFRACTION AND ACCOMMODATION												
Myopia of high grade	• •	I		I	· · · I	I		• •	• •		17	17
UYEA												
Iritis, simple plastic " serous " chronic Occluded pupil Cyst of Iris Granuloma of Iris Iridocyclitis, acute " chronic " dolens, chronic " traumatic		2	I I I I 2 I	I I I 	I I I 2 I I I	I I					9 42 25 12 13 12 33 14 22	5 42 25 12 13 6 17 14 22
VITREOUS												
Foreign bodn in vitreous Hæmorrhage from traumatism.	•	3	3 I	•••	2	I I	•••	• •			47 8	16
Forward	14	142	77	65	79	62	5	8	I	I	4493	

	ital 1896	ADI	MITI	ГЕД	1	DISC		RGEI)	50	Days Hosp	
DISEASES	In Hospital 1st Jan. 1896	Total	Males	Females	Cured	Improv'd	Not Improv'd	Not Treated	Died	Remaining	Total	Av. per Patient
Forward	14	142	77	65	79	62	5	8	I	I	4493	
EAR												
Otitis externa circumscripta " media, acute " sclerosing " chronic catarrhal " acute suppurative " chronic " Chronic nerve deafness Mastoiditis, acute " sub-acute " acute suppurative		3 2 1 2 1 3 1 1 1 8 8	I 2 I I 6	3 I I I 2	3 I	, , I I I	2	 I			41 29 83 31 6 160 24 12 10 273	14 15 83 16 6 53 24 12 10 27
Sarcoma of nose and naso- pharynx	 I 	I I 3	I I 2	 I 	I I I 2			I		· · · · · · · · · · · · · · · · · · ·	36 12 15 5 21	36 12 15 5 7
Ulceration of pharynx, acquired syphilitic		I	ī		I	• •					21	21
Ulceration of pharynx, congenital syphilitic Suppurating sinus of pharynx Suppuration in frontal sinus . Spasmodic stricture of œsoph-	• •	I	I	I I	· · · · · · · · · · · · · · · · · · ·	I I		• •	• •	•••	98 7 7	98 7 7
agus	 17	1 176	98	78	105	68	7	10	I	2	5391	7

Remaining 1st January, 1896	176	103
-		193
Discharged, cured	105	
" improved	68	
" unimproved	7	
Not treated	10	
Died	1	
Remaining	2	
		193
Average number of days in hospital per patient	28	

EYE, EAR, NOSE AND THROAT OPERATIONS,

For the Year ending 31st December, 1896.

PREPARED BY DR. DUNCAN P. ANDERSON, HOUSE OPHTHALMOLOGIST.

ANDAL OPERATIONS		LENS AND CAPSULE.
AURAL OPERATIONS. Suppurative mastoiditis, trephining Stacke's operation Otitis externa circumscripta, incision CONJUNCTIVA.	4 1 1	Discission
Crushing granulations	5 I 2 I I	LIDS. Arlt's operation
CORNEA AND SCLEROTIC. Cauterization for conical cornea	I I I I 4 2	Dianoux operation. Electrolysis for angioma. Incision of lid. Narrowing palpebral fissure. Plastic operation on lid. Excision of angioma of lid. Snellen's operation. Suturing for entropion. I lids. I
Enucleation	10 10 2 2 1	MUSCLES. Advancement of inferior rectus
IRIS. Iridectomy	10 1 2 1 1 1 1	NASAL OPERATIONS. Ash's operation for deviated nasal septum Cauterization of middle turbinated

REPORT OF OUT-PATIENTS' DEPARTMENT,

FOR DISEASES OF THE EYE, EAR, NOSE AND THROAT,

For the Year ending 31st December, 1896.

PREPARED BY DR. DUNCAN P. ANDERSON, RESIDENT OPHTHALMOLOGIST.

Conjunctivitis, acute
" sub-acute 4 Foreign body in vitreous 3 " chronic 15 Opacities in vitreous 3 " chronic granular 9 Hæmorrhages in vitreous 4 " phlyctenular 9 Muscæ volitantes 4 " chronic granular, with dacryocystitis 1 Dermoid cyst of orbit 1 " chronic granular, with blepharitis 1 LACHRYMAL APPARATUS. 1 " acute (traumatic) 1 Dacryo-cystitis, acute 4 Ophthalmia neonatorum 1 Dacryo-cystitis, acute 4 Hyperæmia of conjunctiva 5 Fistula of lachrymal sac 1 Pterygium 4 LENS. Cataract, senile 24 Keratitis, phlyctenular 38 " congenital 1 " interstitial 14 " traumatic 4 " vascularizing 2 " calcareous 1 " vascerosing 3 " calcareous 1 " traumatic 1 Aphakia 4 Sclero-keratitis 1 Aphakia </td
" chronic granular 15 Opacities in vitreous 3 " chronic granular 9 Hæmorrhages in vitreous 4 " phlyctenular 9 Muscæ volitantes 4 " chronic, with dacryocystitis in chronic granular, with blepharitis 1 Dermoid cyst of orbit 1 " acute (traumatic) 1 Dacryo-cystitis, acute 4 Ophthalmia neonatorum 1 Dacryo-cystitis, acute 4 Hyperæmia of conjunctiva 5 Fistula of lachrymal sac 1 Pterygium 4 LENS. Cataract, senile 24 Keratitis, phlyctenular 38 " congenital 1 " interstitial 14 " traumatic 4 " vascularizing 2 " calcareous 1 " vascularizing 2 " calcareous 1 " traumatic 1 Aphakia 4 Sclero-keratitis 1 LIDS.
" chronic granular 9 Hæmorrhages in vitreous 4 " phlyctenular 9 Muscæ volitantes 4 " chronic, with dacryocystitis in chronic granular, with blepharitis I Dermoid cyst of orbit I " acute (traumatic) I LACHRYMAL APPARATUS I Ophthalmia neonatorum I Dacryo-cystitis, acute 4 Hyperæmia of conjunctiva 5 Fistula of lachrymal sac I Verrygium 4 LENS. Cataract, senile 24 Keratitis, phlyctenular 38 " congenital I " interstitial I " traumatic 4 " vascularizing 2 " calcareous I " sclerosing 3 " capsular I " traumatic I Aphakia 4 Sclero-keratitis I I LIDS.
" phlyctenular chronic, with dacryocystitis chronic granular, with blepharitis I Dermoid cyst of orbit I " chronic granular, with blepharitis I LACHRYMAL APPARATUS. " acute (traumatic) I Dacryo-cystitis, acute 4 Ophthalmia neonatorum I " chronic 20 Hyperæmia of conjunctiva 5 Fistula of lachrymal sac I Verygium 4 LENS. Cataract, senile 24 Keratitis, phlyctenular 38 " congenital I " interstitial I4 " traumatic 4 " vascularizing 2 " calcareous I " sclerosing 3 " capsular I " traumatic I Aphakia 4 Sclero-keratitis I LIDS.
" chronic granular, with blepharitis I LACHRYMAL APPARATUS. " acute (traumatic) I Dacryo-cystitis, acute 4 Ophthalmia neonatorum I " chronic 20 Hyperæmia of conjunctiva 5 Fistula of lachrymal sac I Pterygium 4 LENS. Cataract, senile 24 Keratitis, phlyctenular 38 " congenital I " interstitial I4 " traumatic 4 " vascularizing 2 " calcareous I " sclerosing 3 " capsular I " traumatic I Aphakia 4 Sclero-keratitis I LIDS.
Acute (traumatic)
" acute (traumatic)IDacryo-cystitis, acute4Ophthalmia neonatorumI" chronic20Hyperæmia of conjunctiva5Fistula of lachrymal sacILENS.CORNEA AND SCLEROTICKeratitis, phlyctenular38" congenitalI" interstitialI4" traumatic4" diffuse interstitialI" incipient4" vascularizing2" calcareousI" sclerosing3" capsularI" traumaticIAphakia4Sclero-keratitisILIDS.
Ophthalmia neonatorum. I
Hyperæmia of conjunctiva 5 Pterygium 4 CORNEA AND SCLEROTIC. Keratitis, phlyctenular 38 " congenital I minterstitial I minte
Pterygium
CORNEA AND SCLEROTIC. Keratitis, phlyctenular 38
Keratitis, phlyctenular 38 " congenital I " interstitial 14 " traumatic 4 " diffuse interstitial 1 " incipient 4 " vascularizing 2 " calcareous 1 " sclerosing 3 " capsular 1 " traumatic 1 Aphakia 4 Sclero-keratitis 1 Sclero kerato-iritis 1
Keratitis, phlyctenular 38 " congenital I " interstitial 14 " traumatic 4 " diffuse interstitial I " incipient 4 " vascularizing 2 " calcareous I " sclerosing 3 " capsular I " traumatic I Aphakia 4 Sclero-keratitis I Sclero kerato-iritis I
" interstitial14" traumatic4" diffuse interstitialI" incipient4" vascularizing2" calcareousI" sclerosing3" capsularI" traumaticIAphakia4Sclero-keratitisILIDS.
" diffuse interstitialI" incipient4" vascularizing2" calcareousI" sclerosing3" capsularI" traumaticIAphakia4Sclero-keratitisILIDS.
" sclerosing3" capsularI" traumaticIAphakia4Sclero-keratitisILIDS.
r traumatic I Aphakia 4 Sclero-keratitis I LIDS.
Sclero-keratitis
Sclero kerato-iritis I
" perforating 1 Blepharitis
" with hypopion I Blepharo-conjunctivitis
Fistula " Herpes of lid
Nebula " Eczema of lid 3
Macula " Epithelioma of lid 1
Leucoma " Ecchymosis of lid 1
" adherens 2 Cyst of lid I
Staphyloma
Foreign body in cornea. 20 Edema of lid, idiopathic
""perforatingIHordeolum6Herpes of corneaITrichiasis2
Episcleritis
Sclerotitis, chronic I Ectropion
Chalazion
GLOBE AND ORBIT. " suppurating
Phthisis, anterior 4
Glaucoma, acute 4 OPTIC NERVE.
" sub-acute I Amblyopia, toxic 5
" chronic 3 " tobacco 6
Ruptured globe
Contusion of globe I // neuritis

OCULAR MUSCLES AND NERVES.	EAR.—Con.
Strabismus, convergens	Otitis media, acute suppurative 3
" periodic 2	" chronic suppurative 56
Paresis of internal rectus	" " sclerosing 6
" of external rectus I " of inferior rectus I	" externa, circumscripta 7
Companien oblique	Chronic nerve deafness
" of 3rd and 4th nerves I	Enlarged sub-mastoid glands I Malformation of auricle and external audi-
" of 6th nerve I	tory meatus
Exophoria 4	Impacted cerumen
Hyperphoria	Mastoiditis, suppurative 3
	Eczema of ear
RETINA.	Otalgia 1
Detachment of retina 2	Paresis of 7th nerve
Papillo-retinitis	Wood T
The second secon	NOSE.
REFRACTION AND ACCOMMODATION.	Rhinitis, hypertrophic 20
Hyperopia 70	" atrophic
Myopia 23	" acute catarrhal I
Astigmatism, simple hyperopic 37	" chronic catarrhal
" " myopic 20	" ulcerative z Rhino-pharyngitis, chronic 10
compound hyperopic 38 myopic	Deviated nasal septum 8
" myopic 8 " mixed 4	Spine of septum
" irregular 2	Nasal polyp 4
Presbyopia 21	Periostitis of nose, syphilitic I
with hyperopia 6	Foreign body in nose
Asthenopia 20	
TITLE A	THROAT.
UVEA.	Adenoids50
Iritis, acute plastic	Tonsillitis, acute follicular 5
Coloboma of iris, congenital I	" hypertrophic
" " traumatic I	" ulcerative I
Irido-cyclitis, acute I	Epithelioma of tonsil I Peritonsillar abscess I
Irido-choroiditis I	Pharyngitis, acute cararrhal I
Atropia mydriasis 2	" chronic catarrhal 16
Albinism I	" " granular 3
Posterior synechiæ I	Atresia of fauces I
Choroiditis, syphilitic	Œdema of uvula
Chorio-retinitis, central	Laryngitis, acute catarrhal 2
EAR.	chronic 5 ulcerative 1
Otitis media, acute catarrhal 4	" ulcerative I Hyperæmia of false cords I
" " sub-acute catarrhal 3	Paresis of left vocal cord
" chronic catarrhal 64	Perichondritis of thyroid

OPERATIONS IN THE OUT-PATIENTS' DEPARTMENT, FOR DISEASES OF THE EYE, EAR, NOSE AND THROAT,

For the Year ending 31st December, 1896.

PREPARED BY DR. DUNCAN P. ANDERSON, RESIDENT OPHTHALMOLOGIST.

CONJUNCTIVA. Crushing granulations	I I I	LIDS. Cyst of lid, incision
CORNEA AND SCLEROTIC.		OCULAR MUSCLES AND NERVES.
Cauterization of corneal ulcer	I 5 I	Tenotomy of internal rectus II Advancement of internal rectus I " of external rectus
GLOBE AND ORBIT.		EAR. Otitis externa circumscripta, incision 4 Myringectomy 1
Enucleation	2	NOSE.
tion	2	Removal of foreign body from nose I Cauterization of middle turbinated 4
Removal of foreign body from vitreous	2	Removal of nasal polyp
		Drilling nasal septum
LACHRYMAL APPARATUS.		Drilling into antrum of highmore I
Weber's operation	9	THROAT.
		Adenoids, curetted
LENS AND CAPSULE.		Tonsils guillotined 10
Discission	5 3	Electro-cautery snare removal of tonsils I Peritonsillar abscess, incised I

REPORT OF THE PATHOLOGICAL DEPARTMENT,

For the Year ending 31st December, 1896.

During the year, ninety-three autopsies were performed, and in the majority a complete examination of all the organs was made. It is worthy of note that in at least thirteen, the primary condition was to be regarded as general arterio-sclerosis, while in sixteen pulmonary tuberculosis induced the lethal termination.

The Records for Bacteriology will be found in the Pathological Reports.

- 1.—Male 66. Septicæmia, following stricture of the urethra, with old false passages; acute cystitis; acute splenic tumor, with hæmorrhagic infarcts; white infarcts of the kidney and parenchymatous nephritis; parenchymatous degeneration of the heart and liver; focal necroses in the liver; muco-purulent bronchitis; bronchiectasis and bronchiectatic abscesses of the left lung; general emphysema of the lungs, and bi-lateral adhesive pleurisy; general arteriosclerosis; chronic arthritis of the right sterno-clavicular joint.
- 2.—Male 54. Chronic Ulcerative Bilateral Pulmonary Tuberculosis, with cavitation. Tuberculosis of the right pleura, epiglottis, larynx and trachea, small intestines, cæcum, mesenteric and deep cervical glands; parenchymatous degeneration of the heart, liver and kidneys; milk spots on the pericardium; adhesive perisplenitis.
- 3.—Male 71. General Arterio-Sclerosis. Cor bovinum; general dilatation and hypertrophy of the heart; chronic mitral endocarditis; fusion and calcification of the aortic segments; right obsolescent apical tuberculosis; bilateral adhesive pleurisy; multiple polypi of the stomach; lipomatosis of the mesentery; reducible omental hernia; Cholelithiasis with chronic cholecystitis; chronic adhesive perisplenitis.
- 4.—Male 12. Cor Bovinum. General dilatation and hypertrophy of the heart; concretio cordis; aneurism of the aortic cusps; general anasarca; brown induration of the lungs; passive congestion of the liver, spleen, and kidneys; abnormal lobulation of the left lung; acute bilateral adhesive pleurisy.
- 5.—Male 86. Dilatation of the Large Intestine (sigmoid flexure) with hæmorrhage; fatty degeneration of the heart muscle with dilatation of the organ; left adhesive pleurisy; dilatation of the bladder; thyroid inclusions.

- 6.—Male 64. Ascending Bilateral Pyonephrosis with renal abscesses; pyelitis; suppurative urethretis; diphtheritic cystitis with diverticula of the bladder; ulceration of the prepuce, and phimosis; cellulo-cutaneous ulceration of the scrotum and penis; mitral stenosis; bronchitis and emphysema; early cirrhosis of the liver; Liebermeister's grooves.
- 7.—Male 50. Left Lobar Pneumonia with acute plastic pleurisy; right chronic adhesive pleurisy; brown atrophy of the heart; calcified hydatid cysts of the liver.
- 8.—Male 77. Vesical Calculus; chronic interstitial nephritis; distended and dilated urinary bladder; chronic gastritis; fatty liver; nodular perisplenitis; sclerosis of aertic segments with calcification; atheroma of the aerta; general emphysema of the lungs; bilateral adhesive pleurisy; ecchymoses into rectus abdominis muscle of the left side.
- 9.—Male 45. Chronic Ulcerative Bilateral Pulmonary Tuberculosis, with cavitation and broncho-pneumonia; caseous peribronchitis; tuberculosis of the peribronchial glands and large intestines; acute simple left lobar pneumonia; brown atrophy of the heart and liver, with focal necroses; interstitial nephritis.
- 10.—Female 13. Chronic Recurring Mitral Endocarditis. Dilatation and hypertrophy of the heart; brown induration of the lungs with cavitation and fatal hæmorrhage; passive congestion of the liver, spleen and kidneys; acute hæmorrhagic nephritis; blood in the stomach (deglutition); enlarged peribronchial glands; bilateral adhesive pleurisy.
- II.—Male 63. Cerebral Hæmorrhage (left sylvian artery) with general arteriosclerosis; interstitial nephritis; hypertrophy and dilatation of the left ventricle; chronic pachymeningitis; left adhesive pleurisy; fatty liver; cholelithiasis; perisplenitis; complete left double ureter.
- 12.—Pemale 62. Syphilitic Hepatitis. Chronic splenic tumor; chronic gastritis; cholelithiasis and chronic cholecystitis; pachymeningitis; atheroma of the aorta; brown atrophy of the heart; milk spots on the pericardium; chronic bronchitis and emphysema; bilateral adhesive pleurisy; adhesive perisplenitis; fat necrosis of the pancreas; polyp of the urinary bladder; atrophy of the ovaries.
- 13.—Female 70. Acute Bilateral Lobar Pneumonia. Bilateral adhesive pleurisy; mitral stenosis, with hypertrophy and dilatation of the heart; interstitial moycarditis; brown atrophy of the heart and liver; atheroma of the cerebral arteries; dilatation of the common bile duct; calcification of the periportal glands; Meckel's diverticulum; cystic ovaries; mixed nephritis.
- 14.—Male 61. Chronic Ulcerative Right Pulmonary Tuberculosis, with cavitation; acute miliary tuberculosis, involving the lungs, pleura, liver, kidneys and spleen; acute lobar pneumonia, with bilateral adhesive pleurisy; interstitial nephritis, with embolic and lime infarcts in the kidneys; brown atrophy of the liver and heart; calcification of the aortic valves; general arterio-sclerosis.

- 15.—Female —. Abscess of the Foot, with Streptococcus Septicæmia. Acute splenic tumor; parenchymatous degeneration of the heart muscle; suppurative perichondritis of the trachea; submucous hæmorrhages in the stomach and intestines; superficial ulcers in the large intestine; emphysema of the submucous tissue of the ileum; acute serous pericarditis; acute left plastic pleurisy; acute bronchitis; chronic mitral endocarditis, with hypertrophy and dilatation of the heart; cystic ovaries.
- 16.—Female 54. Acute Purulent Peritonitis (post-operative, vaginal hysterectomy); parenchymatous degeneration of the liver and kidneys; cyst of the right kidney; brown atrophy of the heart; emphysema of the lungs, with splenization.
- 17.—Male 3. Congenital Dilatation of the Large Intestine, with hypertrophy; fæcal impaction; acute perforative peritonitis (post-operative).
- 18.—Male 40. *Edema glottidis* and general anasarca, following chronic interstitial nephritis; general arterio-sclerosis; hypertrophy and dilatation of the heart, with fatty degeneration; sclerosis of the mitral and aortic valves; lobular pneumonia, with ædema of the lungs and acute bronchitis; parenchymatous degeneration of the liver; bilateral adhesive pleurisy; exostosis of the base of the skull.
- 19.—Male 23. Acute Vegetative Endocarditis of the Mitral, Aortic, Tricuspid, and Pulmonary Valves. Chronic mitral and tricuspid stenosis, with sclerosis of the valves; hypertrophy and dilatation of the heart, with fatty degeneration and infiltration; acute pericarditis; passive congestion of the liver, kidneys and intestines; hæmorrhages into the intestines and mesentery; thrombosis of the prostatic plexus; left adhesive pleurisy; caseation of the peribronchial glands; early atheroma of the aorta.
- 20.—Female 29. Chronic Ulcerative Bilateral Pulmonary Tuberculosis with pyopneumothorax and broncho-pneumonia; tuberculosis of the pleura; acute miliary tuberculosis of the lungs, liver and spleen, parenchymatous degeneration of the kidneys, liver and heart muscle; general hypoplasia of the vascular system; suppurative appendicitis.
- 21.—Male 74. General Arterio-Sclerosis. Chronic interstitial nephritis; hypertrophy and dilatation of the heart; interstitial myocarditis, with fatty degeneration; milk spots on the pericardium; serous effusion in the pericardium, pleura and subcutaneous tissues; cedema of the lungs; atrophic cirrhosis of the liver; chronic *gastritis; chronic splenic tumor and acute perisplenitis; lobular pneumonia; emplysema; bilateral adhesive pleurisy; hypertrophy of the prostate; chronic cystitis; primary cancer of the cæcum; fat necrosis of the pancreas.
- 22.—Male 51. Carcinoma of the Stomach with perforative peritonitis; secondary cancer of the liver, pancreas, periportal and retroperitoneal glands; acute parenchymatous nephritis; white infarcts of the kidneys; fibromata of the

right kidney; hypertrophy and dilatation of the heart with interstitial myocarditis and fatty degeneration; sclerosis of the mitral and aortic valves; milk spots on the pericardium; atheroma of the coronary arteries; emphysema of the lungs and hypostatic congestion; hydrothorax; fibromyomatous hypertrophy of the prostate.

- 23.—Male 35. Acute Peritonitis from perforative appendicitis; chronic typhlitis; syphilitic hepatitis and orchitis.
- 24.—Female 39. Cor Bovinum. Mitral stenosis and insufficiency; general dilatation and hypertrophy of the heart; serous effusions into the pericardial, pleural and peritoneal cavities; general anasarca; passive hyperæmia of the liver, kidneys and spleen; brown induration of the lungs.
- 25.—Female 74. Primary Cancer of the Stomach. Secondary cancer of the peritoneum, diaphragm, liver, pancreas, spleen, ovaries and the right femur; right lobar pneumonia; brown atrophy of the heart; atheroma of the aorta; chronic interstitial nephritis; chronic adhesive perisplenitis; lacing furrows of the liver.
- 26.—Male 71. Chronic Aortic Endocarditis with rupture of one segment; hypertrophy and dilatation of the left ventricle and auricle; persistent foramen ovale; brown induration of the lungs; hæmorrhagic infarction of the right lung; passive congestion of the kidneys and liver; general anasarca; hydrothorax and ascites; right inguinal hernia.
- 27.—Female 24. Chronic Ulcerative Bilateral Pulmonary Tuberculosis, with cavitation and acute bronchitis; bilateral adhesive pleurisy; acute serous pericarditis; brown atrophy of the heart and liver; parenchymatous nephritis (acute); atheroma of the coronary arteries; hypoplasia of the aorta.
- 28.—Male I. Intestinal Obstruction. Hæmatoma of the mitral valve; accessory spleen; perisplenitis; tuberculosis of the mesenteric glands.
- 29.—Male 42. *Pernicious Anæmia*. Dilatation of the heart, with fatty degeneration; early atheroma of the aorta; bilateral apical tuberculosis; emphysema of the lungs; adhesive pleurisy; chronic perihepatitis; accessory lobe of the liver; suppurative epididymitis.
- 30.—Female 24. Chronic Ulcerative Bilateral Pulmonary Tuberculosis. Tuberculosis of the peritoneum, ileum, cæcum, colon, appendix, anus, epiglottis, larynx and trachea; acute left lobar pneumonia; bilateral adhesive pleurisy; brown atrophy of the heart and liver; fatty liver; nodular perisplenitis; fistula in ano.
- 31.—Male 38. Gangrene of the Right Lung, with multiple abscesses; purulent bronchitis, and bronchiectasis; interstitial pneumonia; secondary abscesses in the diaphragm, spleen, pancreas, liver, stomach wall and trachea; purulent peritonitis; parenchymatous nephritis; amyloid degeneration of the spleen; accessory spleens; brown atrophy of the heart and liver.

- 32.—Male 64. Dissecting Aneurism of the Aorta and Iliac Vessels, with general arterio-sclerosis; hypertrophy and dilatation of the heart; chronic interstitial nephritis; emphysema and cedema of the lungs; right serous pleurisy; left adhesive pleurisy.
- 33.—Female 10. Subacute Aortic Endocarditis, with hypertrophy and dilatation of the heart; concretio cordis; brown induration of the lungs, with hæmorrhagic infarction; passive congestion of the spleen, kidneys and liver.
- 34.—Male 58. Acute Lobar Pneumonia. Acute peribronchial adenitis; bilateral adhesive pleurisy; catarrhal duodenitis, with obstructive icterus; cholelithiasis and chronic cholecystitis; accessory lobe of the liver; milk spots on the pericardium.
- 35.—Male 46. General Arterio-Sclerosis. Hypertrophy of the left heart; myomalacia cordis, with hæmorrhagic myocarditis; passive congestion of the liver and kidneys; prostatic concretions.
- 36.—Mall 44. Facial Erysipelas. Myocarditis; hypertrophy and dilatation of the heart; ball thrombi in both ventricles; hæmorrhagic infarction in the right lung; acute bronchopneumonia; passive congestion of the liver, spleen and kidneys; mixed nephritis with anæmic infarcts of the kidneys.
- 37.—Male 45. Pyæmia following Perforative Appendicitis. Purulent peritonitis; periappendicular abscess; suppurative mesenteric thrombophlebitis with multiple abscesses in the liver and retroperitoneal tissue; abscesses in the kidneys; submucous hæmorrhages of the intestines; emphysema of the liver, spleen and kidneys (bacillus ærogenes capsulatus).
- 38.—Male 23. Chronic Ulcerative Bilateral Pulmonary Tuberculosis with cavitation; tuberculous broncho-pneumonia and pleurisy; purulent bronchitis and bronchiectasis; tuberculosis of the peritoneum, large and small intestines; parenchymatous nephritis; and pyelitis; brown atrophy of the heart and liver; hyperæmia of the liver; perisplenitis; traumatic division of the left ulnar nerve with terminal neuro-fibroma.
- 39.—Male 16. *Perforative Appendicitis* with purulent peritonitis; adherent omentum; parenchymatous degeneration of the heart muscle, liver and kidneys; left double ureter; (partial.)
- 40.—Female 22. Paris Green Poisoning. Acute necrosing gastritis and enteritis; multiple hæmorrhages into the liver; subpleural and subendocardial hæmorrhages; ecchymoses in the pharynx; congestion of the lungs; food stuffs in the bronchial tubes; left adhesive pleurisy; sclerosed mitral valves with thickened chordae tendineæ; cicatrices on the trunk and extremities; cystic ovaries.
- 41.—Female 30. Recurrent Cancer of the Breast. Secondary cancer of the liver, kidneys, lungs, mediastinal and retroperitoneal glands and cerebellum; adhesive and hæmorrhagic peritonitis; perihepatitis; chronic recurring mitral endocarditis; cyanotic atrophy of the liver; Liebermeister's grooves; submucous intestinal hæmorrhages; bilateral adhesive pleurisy with left hæmorrhagic

- effusion; emphysema of the lungs; milk spots on the heart; atheroma of the aorta; rheumatoid arthritis.
- 42.—Male, 60. *Purulent Peritonitis* and perityphlitis (post-operative, appendicitis); pelvic abscess; bilateral metastatic purulent pneumonia with acute plastic pleurisy; recent and old infarcts of the kidney; movable kidney.
- 43.—Male 48. Chronic Ulcerative Right Pulmonary Tuberculosis. Tuberculous broncho-pneumonia and pleurisy; tuberculosis of the epiglottis, larynx-, trachea, right suprarenal body, and kidneys, with tuberculous infarcts; tuberculous ulceration of the intestines with perforation, and acute peritonitis; caries of the right seventh rib, with abscess; Liebermeister's grooves of the liver.
- 44.—Male 51. General Arterio-Sclerosis. Cor Bovinum; chronic recurring aortic endocarditis; thrombosis of the right auricle; interstitial myocarditis with fatty degeneration; milk spots; hydropericardium; atheroma of the coronary arteries and aorta; general anasarca, ascites and hydrothorax; cyanotic atrophy of the liver; catarrhal gastritis and enteritis; hæmorrhoids; acute parenchymatous nephritis; stricture of the urethra, with chronic cystitis; gangrene of the scrotum and skin of the penis; concretions in the vesiculæ seminales; left adhesive pleurisy; left movable kidney; purpura hæmorrhagica.
- 45.—Female 25. Chronic Parenchymatous Nephritis (uræmia); multiple subcutaneous hæmorrhages and bruising (traumatic); congestion and cedema of the lungs; cystic left ovary.
- 46.—Male 54. Chronic Ulcerative Bilateral Pulmonary Tuberculosis, with cavitation; purulent bronchitis, and broncho-pneumonia; tuberculosis of the epiglottis and peribronchial glands; secondary anæmia with internal hæmorrhagic pachymeningitis and retinal hæmorrhages; acute vegetative mitral and left auricular endocarditis; myomalacia cordis, with brown atrophy of the heart; milk spots; atheroma of the aorta; left adhesive pleurisy; healed typhoidal ulcers of the ileum; chronic pseudo-membranous colitis; chronic interstitial nephritis; psammoma of the brain; atrophic spleen and perisplenitis; brown atrophy of the liver and heart muscle; ganglia of the tendons over the hands.
- 47.—Male 50. Acute Bilateral Lobar Pneumonia. Acute splenic tumor; bilateral adhesive pleurisy; general arterio-sclerosis; chronic interstitial nephritis, with acute parenchymatous degeneration; diffuse interstitial myocarditis; chronic cystitis, with diverticula of the bladder; chronic pachymeningitis; rarifying and sclerosing osteitis of the calvarium; exostosis of the manubrium sterni; bronchitis and left adhesive pleurisy; bilateral apical tuberculosis; fatty liver; enlarged prostate; diverticula in the bladder; chronic pachymeningitis; icterus.
- 49.—Female 36. Chronic Interstitial Nephritis, purpura hæmorrhagica (kidneys alone examined).

- 50.—Female 48. Chronic Interstitial Nephritis (kidneys alone examined).
- 51.—Female 55. Septicæmia (post operative); (bacillus ærogenes capsulatus); cholelithiasis; artificial biliary fistula; sacculation of the bile ducts; multiple abscesses of the liver; parenchymatous degeneration and emphysema of the liver; mixed nephritis; hæmorrhages into the mesentery, retroperitoneal tissue, heart muscle, spleen and gastric submucosa; plastic peritonitis; adherent omentum and appendix; acute splenic tumor, with emphysema of the organ; acute aortic endocarditis; fibromyoma of the uterus; parametritis; icterus.
- 52.—Male 70. Septicæmia (post-operative); necrosis of the maxilla; multiple abscesses in the lungs, with broncho-pneumonia; pyopneumothorax; bilateral acute pleurisy; obsolescent pulmonary tuberculosis; acute peribronchial adenitis; parenchymatous degeneration of the liver, kidneys and heart muscle; acute splenic tumor.
- 53.—Male 59. Pyæmia following abscess of the Liver. Purulent peritonitis; adherent omentum; delimited perforation of the cæcum; metastatic abscesses in the kidneys and lungs; multiple pulmonary embolism and bilateral bronchopneumonia; acute splenic tumor; chronic miliary tuberculosis of the left lung; left adhesive pleurisy; cerebral congestion; subacute cholecystitis; ædema of the extremities, with subcutaneous ecchymoses.
- 54.—Male 25. Chronic Ulcerative Bilateral Pulmonary Tuberculosis, with cavitation; broncho-pneumonia and indurative pneumonia; tuberculous pleurisy engrafted on a chronic; tuberculosis of the peribronchial and mesenteric glands of the small intestine and larynx; subacute vegetative aortic endocarditis; subacute nephritis; acute gastritis; acute cystitis; brown atrophy of the liver; accessory spleen.
- 55.—Female 60. General Arterio-Sclerosis. Cerebral hæmorrhage, (following hysterectomy). (Partial autopsy.)
- 56.—Female 28. Subacute Parenchymatous Nephritis (eclampsia), cedema of the lungs; hypertrophy of the heart with aortic endocarditis and hæmatoma of one segment; multiple hæmorrhages into the liver; acute gastritis; subacute bronchitis; enlarged mesenteric glands; right adhesive pleurisy and subpleural calcification; pregnancy.
- 57.—Male 20. Chronic Ulcerative Left Pulmonary Tuberculosis. Tuberculosis of the peri-bronchial glands, peritoneum, intestines and kidneys; left adhesive pleurisy and interstitial pneumonia; focal necroses of the liver; brown atrophy of the liver and heart muscle; acute gastritis.
- 58.— Female 24. Puerperal Septicæmia. Acute splenic tumor; acute nephritis, gastritis and bronchitis; focal necroses in the liver; parenchymatous degeneration of the liver and heart muscle; cedema of the lungs.
- 59.—Female 57. Left Lobar Pneumonia, with bilateral adhesive pleurisy; compensatory emphysema; granular kidneys, and general arterio-sclerosis; brown atrophy of the liver and heart muscle; perihepatitis.

- 60.—Female 45. Septicæmia, following cellulitis of the arm; œdema of the lungs; subpericardial hæmorrhages; hypertrophic cirrhosis of the liver; chronic splenic tumor; cholelithiasis and chronic cholecystitis.
- 61.—Male 71. Septicæmia (post-operative) amputation of a gangrenous leg; pulmonary embolism; bilateral metastatic abscesses; broncho-pneumonia and hæmorrhagic infarction; red infarcts in the spleen; suppurative pericarditis; parietal thrombosis of the left ventricle; acute right pleurisy; chronic left adhesive pleurisy; interstitial myocarditis; varices in the stomach and thrombosed veins in the prostatic plexus; chronic colitis; adhesive perisplenitis.
- 62.—Male 57. *Cholelithiasis*. Empyema of the gall-bladder with perforation; empyema of the right pleura, with pulmonary abscess and gangrene; interstitial pneumonia; local suppurative peritonitis, with adhesions; general arteriosclerosis; hypertrophy and dilatation of the heart; brown atrophy of the liver; hypertrophy of the prostate.
- 63.—Male 72. General Arterio-Sclerosis. Granular kidneys; hypertrophy and dilatation of the heart; sclerosis of the mitral and aortic valves; nutmeg liver; ascites; pulmonary cedema with bronchitis; bilateral adhesive pleurisy; accessory thyroid; perihepatitis.
- 64.—Male 55. General Arterio-Sclerosis, with mitral and aortic stenosis; hypertrophy and dilatation of the heart; auricular thrombosis; interstitial myocarditis; brown induration of the lungs, with hæmorrhagic infarction; general anasarca with effusions in the pleura, pericardium and peritoneum; nutmeg liver; acute parenchymatous nephritis; bilateral adhesive pleurisy.
- 65.—Male 42. Osteomalacia, involving chiefly the sternum, ribs, vertebral column and calvarium; multiple hæmorrhages into the prevertebral tissues; aspiration pneumonia with abscesses; transverse cervical myelitis; chronic necrosing cystitis; ascending suppurative nephritis; atheroma of the aorta; apical tuberculosis.
- 66.—Female 40. Sacculated Aneurism of the Arch of the Aorta. Stenosis of the trachea; diphtheritic tracheitis; bilateral lobular pneumonia; acute bilateral fibrinous pleurisy, engrafted on a chronic; infarcts in the kidney and chronic nephritis; gumma of the kidney; cholelithiasis; non-adhesive perisplenitis.
- 67.—Female 25. Acute Septic Peritonitis. Perforation of the small intestine; septic ulceration of the small intestine; adherent omentum.
- 68.—Male 76. Carcinoma of the Tongue (partial excision); bilateral lobular pneumonia; tracheotomy wound; hepar lobatum, with chronic perihepatitis; chronic adhesive perisplenitis; chronic interstitial nephritis and hydronephrosis; uric acid infarcts of the kidney; hypertrophied prostate; obsolescent left pulmonary tuberculosis; rheumatoid arthritis; icterus.
- 69.—Male 25. Tuberculous Meningitis. Bilateral, apical tuberculosis; acute mitral and aortic vegetative endocarditis; parenchymatous nephritis; congenital cystic kidney; adhesive local peritonitis; necrosis of the maxilla.

- 70.—Male 39. General Arterio-Sclerosis. Granular kidneys; hypertrophy of the left ventricle; syphilis of the liver and pharynx; acute purulent bronchitis; interstitial thyroiditis.
- 71.—Male 52. Adeno-Carcinoma of the Rectum, with intestinal obstruction and perforation; secondary cancer of the retroperitoneal glands.
- 72.—Male 20. Chronic Ulcerative Right Pulmonary Tuberculosis. Bilateral tuberculous broncho-pneumonia; bilateral adhesive pleurisy; dilatation of the stomach; congenital deficiencies of the liver substance.
- 73.—Female 29. Chronic Ulcerative Bilateral Pulmonary Tuberculosis. Tuberculosis of the pleura, small and large intestines, appendix, peritoneum, larynx and cervical lymph glands; bilateral adhesive pleurisy; adherent omentum; sclerosis of the mitral and aortic valves; milk spots on the pericardium; early interstitial nephritis.
- 74.—Male 49. Sacculated Aneurism of the Ascending Arch of the Aorta. Erosion of the sternum and ribs, with external rupture and fatal hæmorrhage; general arterio-sclerosis; hypertrophy of the heart; collapse of the lung; hydrothorax and hydropericardium; bilateral apical obsolescent tuberculosis; bilateral adhesive pleurisy; cicatrix on the glans penis; stricture of the urethra, with false passages; focal necroses in the liver; cholelithiasis; early interstitial nephritis.
- 75.—Male 27. Acute Ulcerative Endocarditis, with chronic mitral stenosis and vegetative aortic endocarditis; hypertrophy and dilatation of the heart; acute fibrinous peritonitis and pleurisy; recent infarcts of the spleen and kidneys; parenchymatous nephritis with passive hyperemia of the kidneys; nutmeg liver; brown induration of the lungs with hæmorrhagic infarction; chronic gastric catarrh; general anasarca; subcutaneous emphysema; early atheroma of the aorta; chronic adhesive perisplenitis and perihepatitis; milk spots on the pericardium.
- 76.—Female 33. Chronic Ulcerative Bilateral Pulmonary Tuberculosis, with cavitation; tuberculous broncho-pneumonia; tuberculosis of the small intestines; amyloid degeneration of the spleen, kidneys and liver; fatty liver with cicatrices and focal necroses; chronic adhesive peritonitis and adherent omentum; perisplenitis and adhesive pleurisy; brown atrophy of the heart.
- 77.—Female. *Cerebral Hæmorrhage*, with general arterio-sclerosis; chronic interstitial nephritis; hypertrophy of the left ventricle; bilateral adhesive pleurisy; chronic adhesive perisplenitis; brown atrophy of the liver with focal necroses.
- 78.—Male 12. Caries of the Vertebræ. Psoas abscess with sinuses discharging about the hip joint; caries of the head of the femur; parenchymatous nephritis, with recent infarcts; brown atrophy of the liver and heart muscle.
- 79.—Female 38. General Arterio-Sclerosis. Mitral and aortic stenosis; hypertrophy and dilatation of the heart; hæmorrhagic infarction of the lung; nutmeg liver; general passive hyperæmia; sub-pericardial hæmorrhages; general

- anasarca; adhesive perisplenitis; hypoplasia of the right kidney, with compensatory hypertrophy of the left.
- 80.—Female 32. Puerperal Septicæmia. Acute splenic tumor; parenchymatous degeneration of the kidneys, liver and heart muscle; congestion and cedema of the lungs; ascites; cystic ovaries; accessory spleens.
- 81.—Male 42. Left Lobar Pneumonia. Compensatory emphysema; bronchitis with bronchiectasis; parenchymatous degeneration of the heart muscle and liver; catarrhal gastritis; stricture of the urethra; subacute cystitis; ureteritis; pyelo-nephrosis and mixed nephritis.
- 82.—Male 22. Purpura Hæmorrhagica, with infection by the bacillus ærogenes capsulatus; ecchymoses in the pericardium, endocardium, pleura, diaphragm, stomach, intestines and liver; general emphysema of all the tissues; catarrhal gastritis; necrosing enteritis.
- 83.—Male 85. Primary Carcinoma of the Urinary Bladder. Secondary cancer of the prostate and urethra; diphtheritic cystitis, with phosphatic incrustation and diverticula; chronic interstitial nephritis, with cicatrised infarcts; hydrocele; indurative right pneumonia, with progressive apical tuberculosis; left apical obsolescent tuberculosis; caseation of the peribronchial glands; sclerosis of the tricuspid, mitral and aortic valves; interstitial myocarditis; general arterio-sclerosis; osteo-sclerosis of the calvarium, chronic pachymeningitis; Liebermeister's grooves on the liver; perihepatitis; adherent omentum; sub-cutaneous lipoma of the trunk.
- 84.—Female 44. Septicæmia. Left acute suppurative salpingitis and oöphoritis; purulent endometritis and metritis; purulent peritonitis; purulent cystitis; acute splenic tumor; bilateral lobular pneumonia; sub-acute parenchymatous nephritis; fatty liver; cholelithiasis; right adhesive pleurisy; brown atrophy of the heart; multiple polypi of the uterus.
- 85.—Male 27. Chronic Ulcerative Left Pulmonary Tuberculosis, with cavitation; acute left tuberculous pleurisy; general miliary tuberculosis, involving the lungs, endocardium, liver, spleen and kidneys; obsolescent right apical tuberculosis; acute splenic tumor; acute parenchymatous nephritis; submucous hæmorrhages in the pelvis of the kidneys; bilateral adhesive pleurisy.
- 86 Male 47. Carcinoma of the Tongue, pharynx, epiglottis, larynx, œsophagus and tissues of the posterior mediastinum; broncho-pneumonia and bronchiectasis; emphysema of the lungs; hypertrophy of the heart with sclerosis of the mitral and aortic valves; nutmeg liver; parenchymatous nephritis; œdema of the brain; pachymeningitis; tracheotomy wound; right adhesive pleurisy; adhesive perisplenitis; atheroma of the aorta; Meckel's diverticulum.
- 87.—Male 53. Hypostatic Pneumonia with Bronchitis and Emphysema.

 General arterio-sclerosis; chronic ulcerative colitis with hypertrophy; enlarged mesenteric glands; hypertrophy of the heart with sclerosis of the aortic

- and mitral valves; perihepatitis and chronic peritonitis; hypertrophy of the prostate; mixed nephritis; cicatrised infarcts of the spleen; focal necroses of the liver; bilateral adhesive pleurisy.
- 88.—Female 44. Purulent Peritonitis in Acute Leuchæmia. General lymphadenoma; lymphomata in the peritoneum, liver and kidneys; lymphoid bone marrow in the femur; acute splenic tumor; mixed nephritis, fatty degeneration of the heart; hæmorrhages in the kidneys, peritoneum and subcutaneous tissues; diphtheritic cystitis; fibroid and cystic ovaries; obsolescent right apical tuberculosis; right adhesive pleurisy with pseudo-tubercles.
- 89.—Male 49. Chronic Ulcerative Bilateral Pulmonary Tuberculosis, with cavitation and broncho-pneumonia; tuberculosis of the peribronchial and mesenteric glands; tuberculous ulceration of the colon; excised elbow joint; amyloid degeneration of the spleen; hypertrophy and dilatation of the right ventricle; adhesive pericarditis; sclerosis of the mitral valves; nutmeg liver; internal hæmorrhagic pachymeningitis; chronic adhesive peritonitis; bilateral adhesive pleurisy.
- 90.—Male 54. Aneurism of the Left Subclavian Artery. Necrosis of the first rib and clavicle; erosion of the first and second dorsal vertebræ and second rib; dilatation of the innominate artery; obliteration of the left common carotid artery; varicosity and thrombosis of the left axillary and brachial veins; hypertrophy and dilatation of the heart; sclerosis of the mitral and aortic valves; emphysema of the lungs; mixed nephritis; hæmorrhages into the spleen; hæmorrhoids; hypertrophy of the prostate; bilateral adhesive pleurisy.
- 91.—Male 20. *Ulcerative Colitis*. Thrombo-phlebitis of the mesenteric, portal, and splenic veins; multiple abscesses of the liver; suppuration of the mesenteric glands; purulent peritonitis; mixed nephritis, with hæmorrhages into the kidney substance; sub-pleural hæmorrhages; parenchymatous degeneration of the liver and heart muscle.
- 92.—Female 7. Tuberculous Meningitis. Tabes mesenterica.
- 93.—Female 22. Acute Parenchymatous Nephritis (eclampsia); submucous hæmorrhages of the bladder; laceration of the os uteri; chronic perioöphoritis; obsolescent left apical tuberculosis; calcification of the peribronchial glands; bilateral adhesive pleurisy; milk spots on the pericardium; adhesive perisplenitis.

During the year the following conditions were reported either in the form of special papers, or as demonstrations before the Medico-Chirurgical Society of Montreal:

I.—Sarcoma of the brain. J. G. A.

^{2.—}Syphilis of the liver. C. F. M.

- 3.—Tumor formations in Hodgkin's disease. C. F. M.
- 4.—Multiple abscesses of the liver, associated with purulent bronchitis and interstitial pneumonia; abscesses of the spleen and pancreas. J. G. A.
- 5.—Septic infection in typhoid fever. A. G. Nicholls, M.D.
- 6.—Upon a case of foaming liver, due to the bacillus ærogenes capsulatus. J. G. A.
- 7.—A branchiogenic cyst. J. G. A.
- 8.—Aneurysm of the ascending portion of the aortic arch leading to external rupture, with a note on tracheal tugging. Prof. J. Stewart and J. G. A.
- 9.—Tuberculous ulceration of the cæcum.
- 10.—Upon arrested or repaired dissecting aneurysms. J. G. A.
- 11.—Hypoplasia of the kidney. J. G. A.
- 12.—On congenital dilatation of the large intestine. C. F. M.
- 13.—A series of pelvic Hæmatomata. Prof. Gardner and C. F. M.
- 14.—Hæmorrhagic cysts of the thyroid gland. E. W. Archibald, M.D.
- 15.—On retroperitoneal and perirenal lipoma. J. G. A.
- 16.—Tubercle bacilli in a nontuberculous intestine. R. B. Shaw, M.D.
- 17.—Adhesions and malpositions of the omentum. J. G. A.

The following specimens from the Surgical wings were examined in the Pathological Department, and reports furnished as required:

Alimentary System-

BUCCAL CAVITY.—Phosphatic concretion, I.

TONGUE.—Section from simple chronic ulcer, I.

APPENDICES VERMIFORMES.—Acute gangrenous, 18; acute catarrhal (1st attack), 8; acute engrafted on chronic, 5; chronic recurrent (catarrhal), 22.

OMENTUM. Acute inflammation, I.

HERNIAL SAC, and omentum (umbilical), I.

Generative System-

PREPUCE.—Chronic inflammation, I; acute inflammation, I.

TESTES.—Tuberculosis, I.

PROSTATE.—Fibro Myoma, I.

OVARY.--Cystic, I.

FALLOPIAN TUBE.—Suppuration, I.

BREAST.—Chronic inflammation with abscess, I.

Urinary System-

KIDNEY.—Calculi.

BLADDER.—Calculi.

Lymphatic Glandular System—

CERVICAL.—Tuberculosis, 10.

Inguinal.—Tuberculosis, 3; suppuration, 1; chronic inflammation, 1; leuchæmia, 1.

Circulatory System-

Hæmorrhoids, I.

Locomotor System-

Bones.—Sequestra—Inferior Maxilla, 4.

Femur, 2.

Humerus, 1.

Phalanges (polydactylism) 1.

"toe, chronic inflammation.

Leg, amputation for gangrene.

Joints.—Knee, excised portions, tuberculosis, 7.

" sarcomatous fluid from, I.

Hip, Tuberculosis, 1.

Elbow, Tuberculosis, 1.

Ankle, excised bones, I

SKIN.—Cheek, lupus I.

Rodent Ulcer, 1.

Leg, chronic ulcer, 2.

Sole of foot, I.

Neoplasms—

(a) Benign—

Fibroma of hip, I; breast, I; buttock, I.

LIPOMA.—Multiple, I; neck, 2; lumbar, I.

Cysts.—Branchiogenic of neck, 1; hæmorrhagic of thyroid, 3; ovarian 2, dermoid, 1.

Polypus.—Fibroid, 1.

(b) Malignant—

EPITHELIOMA.—Breast, I; face, 2; inferior maxilla, 3; lip, 6; nose, I: tongue, 3; penis, I.

CARCINOMA.—Parotid, 2; submaxillary gland, 1; breast, 10; tongue, 1; inguinal glands (primary), 1; secondary, 2; skin (multiple), 1; neck, 1; ovary, 1; supra-clavicular, 1; rectum, 3.

SARCOMA.—Fibro-sarcoma, below jaw, I; face, I; myxo sarcoma (knee), I; osteoid sarcoma (neck), I.

Among the specimens sent to the Department from the Gynæcological Wards, the following were examined and reports on the conditions found were duly presented:

Uterus-

Fibro myoma, 8; carcinoma of body, 2; epithelioma of cervix, 1; adenoma, 4; chronic inflammation of body, 2; chronic endometritis, 4.

Ovaries—

Sarcoma, 2; malignant papillo-adenoma, 3; chronic oophoritis, 2; cystic ovaries, 3.

Tubes—

Purulent Inflammation, 3; tuberculosis, 2; pregnancy, 1; Hæmatocele, 1.

Peritoneum-

Tuberculosis, I.

Rules.

RULES RESPECTING THE ADMISSION OF PATIENTS.

Patients residing in the City or Parish of Montreal, and especially those who are in indigent circumstances and wholly or partially unable to provide medical treatment for themselves, may be admitted to the benefits of the Hospital; such as are unable to pay for their maintenance as "free patients," and such as are able to pay as "pay patients," for such consideration as may be arranged with the Superintendent on their admission. Patients from other districts, when it is deemed advisable by the Chairman of the House Committee, may be admitted on similar terms, on the recommendation of a member of the Medical Board.

Patients suffering from severe accidents or serious illness shall be admitted to the Hospital at any hour of the day or night. Other patients shall be admitted at such hours as may from time to time be decided upon. They must apply in person at the Hospital, when they will be examined and passed for admission by the House Physician or Surgeon on duty: or, if unable to apply in person, they shall be visited at their homes by one of the House Physicians or Surgeons.

Any member of the Medical Board may send to the Hospital such patients from the City as he may see fit, with a written order for admission.

No patient shall be admitted to the Hospital whose case shall be considered incurable, or infectious, or who is insane, or whose case does not require the particular benefit of an indoor treatment.

No children under two years of age, except in cases requiring special treatment, shall be admitted into the Hospital.

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RULES FOR VISITORS.

Visitors will be admitted to the wards on Sundays from 3 to 4.30 p. m., and Wednesdays and Fridays from 3 to 4 p. m., and at no other time except by special permission of the Superintendent,

No more than two visitors will be admitted at once to see any patient.

Visitors must observe perfect order and propriety while in the Hospital; must confine their visits to their immediate friends; must not stop or loiter in the halls, corridors or offices, or on the stairways, and must leave the building promptly at the end of the visiting hours.

RULES RESPECTING RELIGIOUS MINISTRATIONS.

Clergymen, ministers of religion, and the authorized representatives of religious bodies, shall be admitted to the wards upon terms of equality for the purpose of visiting and extending religious ministrations to the sick inmates of their own creed or denomination, at such times and under such conditions as in the judgment of the Superintendent will not unduly interfere with the medical or surgical treatment and care of the patients; they are, however, to confine their conversation to persons of their own creed or denomination, and to refrain from addressing or distributing books or pamphlets to other patients, unless by special invitation of the same when conveyed through, or with the sanction of, the Superintendent.



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